

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

Item 7, Film G200 7-16-56 et
6565
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
CERTIFICATE OF DEATH

07594

Reg. Dist. No. 190

1. PLACE OF DEATH a. COUNTY <u>Talbot</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Md.</u> b. COUNTY <u>Caroline</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>				c. LENGTH OF STAY IN 1b <u>3 days</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Easton Memorial Hospital</u>				d. STREET ADDRESS <u>None</u>			
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>A.</u> Last <u>Bell</u>				4. DATE OF DEATH Month <u>June</u> Day <u>30</u> Year <u>1956</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 21, 1875</u>	
9. AGE (In years last birthday) <u>80</u> yrs.		IF UNDER 1 YEAR Months <u>80</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		IF UNDER 24 HRS. Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13. FATHER'S NAME <u>?</u>				14. MOTHER'S MAIDEN NAME <u>Dill</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>Unknown</u>			
17. INFORMANT <u>Mrs. Blanche Bell Henderson, Md.</u>				Address <u>Henderson, Md.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarct</u> 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Coronary Thrombosis</u> DUE TO (c) <u></u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u></u>							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour <u>0</u> a. m. <u>19</u> p. m.				20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town)				20g. (County)		20h. (State)	
21. I certify that I attended the deceased from <u>1956</u> , to <u>1956</u> , that I last saw the deceased alive on <u>July 30, 1956</u> and that death occurred at <u>5:15 P.M.</u> from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>E.C.H. Schmidt</u>				ADDRESS (Street, city or town, state) <u>219 Washington Street</u>			
PHYSICIAN'S NAME (Type) <u>E.C.H. Schmidt</u>				DATE SIGNED <u>July 1956</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				22b. DATE THEREOF <u>7/3/56</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Greensboro</u>	
22d. LOCATION (City, town, or county) <u>Greensboro</u>				22e. (State) <u>Md.</u>			
23. FUNERAL DIRECTOR'S SIGNATURE <u>J.E. Bouclair</u>				ADDRESS <u>Greensboro, Md.</u>		24a. REC'D BY REGISTRAR <u>N.H. Newer</u>	
24b. REGISTRAR'S SIGNATURE <u>N.H. Newer</u>				DATE <u>7/3/56</u>			

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1 6566 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

06551

Reg. Dist. No. 290

1. PLACE OF DEATH a. COUNTY <u>Talbot</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>md.</u> b. COUNTY <u>Talbot</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>St. Michaels</u>			
c. LENGTH OF STAY IN 1b <u>42 hrs 17 min</u>							
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Easton Memorial Hospital</u>				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
4. DATE OF DEATH First Middle Last <u>Edward Harrison Burns, Jr</u> Month <u>6</u> - Day <u>19</u> Year <u>1956</u>							
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 17 1956</u>	9. AGE (In years last birthday) yrs. <u>42</u>	IF UNDER 1 YEAR Months <u>42</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u>17</u> Min. <u>17</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>	
13. FATHER'S NAME <u>Edward Harrison Burns</u>				14. MOTHER'S MAIDEN NAME <u>Esther Ann Smith Koven</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. Esther Burns (Mother)</u> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral anoxia</u> 762.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>6-17</u> , 19 <u>56</u> , to <u>6-19</u> , 19 <u>56</u> that I last saw the deceased alive on <u>6-17</u> , 19 <u>56</u> , and that death occurred at <u>12:17 P.M.</u> from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>St. Michaels, Maryland</u> DATE SIGNED <u>6-19-56</u> ACTUAL SIGNATURE <u>R. Lane Wroth</u> M.D. PHYSICIAN'S NAME (Type) <u>R. Lane Wroth</u>							
22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF		22c. NAME OF CEMETERY OR CREMATORY		22d. LOCATION (City, town, or county) (State)	
<u>Buried</u>		<u>June 20/56</u>		<u>Oliver Cemetery</u>		<u>St. Michaels Md</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Norman V. Marshall</u> ADDRESS <u>St. Michael Md</u>				24a. REC'D BY REGISTRAR <u>6/20/56</u>		24b. REGISTRAR'S SIGNATURE <u>N. H. Neuren</u>	

CERTIFICATE OF DEATH

1. NAME OF DECEASED <i>John Doe</i>		2. SEX <i>Male</i>		3. AGE <i>45</i>	
4. DATE OF DEATH <i>June 27, 1956</i>		5. TIME OF DEATH <i>10:30 AM</i>		6. PLACE OF DEATH <i>Home</i>	
7. CITY OF DEATH <i>Baltimore</i>		8. COUNTY OF DEATH <i>Harford</i>		9. STATE OF DEATH <i>Maryland</i>	
10. CAUSE OF DEATH <i>Heart Disease</i>		11. MANNER OF DEATH <i>Natural</i>		12. SIGNATURE OF PHYSICIAN <i>Dr. J. Smith</i>	
13. SIGNATURE OF DECEASED <i>John Doe</i>		14. SIGNATURE OF WITNESS <i>John Doe</i>		15. SIGNATURE OF DECEASED <i>John Doe</i>	
16. SIGNATURE OF DECEASED <i>John Doe</i>		17. SIGNATURE OF DECEASED <i>John Doe</i>		18. SIGNATURE OF DECEASED <i>John Doe</i>	
19. SIGNATURE OF DECEASED <i>John Doe</i>		20. SIGNATURE OF DECEASED <i>John Doe</i>		21. SIGNATURE OF DECEASED <i>John Doe</i>	
22. SIGNATURE OF DECEASED <i>John Doe</i>		23. SIGNATURE OF DECEASED <i>John Doe</i>		24. SIGNATURE OF DECEASED <i>John Doe</i>	
25. SIGNATURE OF DECEASED <i>John Doe</i>		26. SIGNATURE OF DECEASED <i>John Doe</i>		27. SIGNATURE OF DECEASED <i>John Doe</i>	
28. SIGNATURE OF DECEASED <i>John Doe</i>		29. SIGNATURE OF DECEASED <i>John Doe</i>		30. SIGNATURE OF DECEASED <i>John Doe</i>	
31. SIGNATURE OF DECEASED <i>John Doe</i>		32. SIGNATURE OF DECEASED <i>John Doe</i>		33. SIGNATURE OF DECEASED <i>John Doe</i>	
34. SIGNATURE OF DECEASED <i>John Doe</i>		35. SIGNATURE OF DECEASED <i>John Doe</i>		36. SIGNATURE OF DECEASED <i>John Doe</i>	
37. SIGNATURE OF DECEASED <i>John Doe</i>		38. SIGNATURE OF DECEASED <i>John Doe</i>		39. SIGNATURE OF DECEASED <i>John Doe</i>	
40. SIGNATURE OF DECEASED <i>John Doe</i>		41. SIGNATURE OF DECEASED <i>John Doe</i>		42. SIGNATURE OF DECEASED <i>John Doe</i>	
43. SIGNATURE OF DECEASED <i>John Doe</i>		44. SIGNATURE OF DECEASED <i>John Doe</i>		45. SIGNATURE OF DECEASED <i>John Doe</i>	
46. SIGNATURE OF DECEASED <i>John Doe</i>		47. SIGNATURE OF DECEASED <i>John Doe</i>		48. SIGNATURE OF DECEASED <i>John Doe</i>	
49. SIGNATURE OF DECEASED <i>John Doe</i>		50. SIGNATURE OF DECEASED <i>John Doe</i>		51. SIGNATURE OF DECEASED <i>John Doe</i>	
52. SIGNATURE OF DECEASED <i>John Doe</i>		53. SIGNATURE OF DECEASED <i>John Doe</i>		54. SIGNATURE OF DECEASED <i>John Doe</i>	
55. SIGNATURE OF DECEASED <i>John Doe</i>		56. SIGNATURE OF DECEASED <i>John Doe</i>		57. SIGNATURE OF DECEASED <i>John Doe</i>	
58. SIGNATURE OF DECEASED <i>John Doe</i>		59. SIGNATURE OF DECEASED <i>John Doe</i>		60. SIGNATURE OF DECEASED <i>John Doe</i>	
61. SIGNATURE OF DECEASED <i>John Doe</i>		62. SIGNATURE OF DECEASED <i>John Doe</i>		63. SIGNATURE OF DECEASED <i>John Doe</i>	
64. SIGNATURE OF DECEASED <i>John Doe</i>		65. SIGNATURE OF DECEASED <i>John Doe</i>		66. SIGNATURE OF DECEASED <i>John Doe</i>	
67. SIGNATURE OF DECEASED <i>John Doe</i>		68. SIGNATURE OF DECEASED <i>John Doe</i>		69. SIGNATURE OF DECEASED <i>John Doe</i>	
70. SIGNATURE OF DECEASED <i>John Doe</i>		71. SIGNATURE OF DECEASED <i>John Doe</i>		72. SIGNATURE OF DECEASED <i>John Doe</i>	
73. SIGNATURE OF DECEASED <i>John Doe</i>		74. SIGNATURE OF DECEASED <i>John Doe</i>		75. SIGNATURE OF DECEASED <i>John Doe</i>	
76. SIGNATURE OF DECEASED <i>John Doe</i>		77. SIGNATURE OF DECEASED <i>John Doe</i>		78. SIGNATURE OF DECEASED <i>John Doe</i>	
79. SIGNATURE OF DECEASED <i>John Doe</i>		80. SIGNATURE OF DECEASED <i>John Doe</i>		81. SIGNATURE OF DECEASED <i>John Doe</i>	
82. SIGNATURE OF DECEASED <i>John Doe</i>		83. SIGNATURE OF DECEASED <i>John Doe</i>		84. SIGNATURE OF DECEASED <i>John Doe</i>	
85. SIGNATURE OF DECEASED <i>John Doe</i>		86. SIGNATURE OF DECEASED <i>John Doe</i>		87. SIGNATURE OF DECEASED <i>John Doe</i>	
88. SIGNATURE OF DECEASED <i>John Doe</i>		89. SIGNATURE OF DECEASED <i>John Doe</i>		90. SIGNATURE OF DECEASED <i>John Doe</i>	
91. SIGNATURE OF DECEASED <i>John Doe</i>		92. SIGNATURE OF DECEASED <i>John Doe</i>		93. SIGNATURE OF DECEASED <i>John Doe</i>	
94. SIGNATURE OF DECEASED <i>John Doe</i>		95. SIGNATURE OF DECEASED <i>John Doe</i>		96. SIGNATURE OF DECEASED <i>John Doe</i>	
97. SIGNATURE OF DECEASED <i>John Doe</i>		98. SIGNATURE OF DECEASED <i>John Doe</i>		99. SIGNATURE OF DECEASED <i>John Doe</i>	
100. SIGNATURE OF DECEASED <i>John Doe</i>		101. SIGNATURE OF DECEASED <i>John Doe</i>		102. SIGNATURE OF DECEASED <i>John Doe</i>	

BUREAU V. 1

JUN 27 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6567 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Item 14, Film G199 6-29-56 et

06552
Reg. Dist. No. 290

1. PLACE OF DEATH a. COUNTY <u>TALBOT</u> MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>40 EASTON</u> c. LENGTH OF STAY IN 1b <u>20 mins</u> d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>80 EASTON Memorial Hosp.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>LAROLINE</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>55X-2 GREENSBORO</u> d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First <u>ESTHER</u> Middle <u>A.</u> Last <u>DEWITT</u>				4. DATE OF DEATH Month <u>6</u> Day <u>21</u> Year <u>1956</u>									
5. SEX <u>F</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>April 10 1887</u>		9. AGE (In years last birthday) <u>69</u> yrs. IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H.W.</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>William Quillen</u>						14. MOTHER'S MAIDEN NAME <u>Sallie E. Davis</u>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO. (If yes, give war or dates of service)				17. INFORMANT <u>Mrs. Sadie Cole (Sister)</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>420.1 Coronary occlusion - int. desc. art.</u> DUE TO Conditions, if any, which gave rise to immediate cause (b) <u>+ Rt. Circ. art.</u> (c), stating the underlying cause lost. DUE TO										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Old myocardial scar</u>												19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)									
20c. TIME OF INJURY Month, Day, Year <u>19</u> Hour <u> </u> o. m. <u> </u> p. m.				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)		(County)		(State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>													
ACTUAL SIGNATURE <u>Louis S. Witty</u>				M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>				DATE SIGNED <u>6-22-56</u>					
EXAMINER'S NAME (Type) <u>Louis S. Witty</u>				ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>				DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>					
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				22b. DATE THEREOF <u>6/24/56</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Greensboro</u>				22d. LOCATION (City, town, or county) (State) <u>Greensboro Md.</u>			
23. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Bouleais</u>						ADDRESS <u>Greensboro, Md.</u>		24a. REC'D BY REGISTRAR <u>DATE 6/24/56</u>		24b. REGISTRAR'S SIGNATURE <u>N. H. Nevers</u>			

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

BUREAU V. 8.

1956 JUN 27

RECEIVED

6568

CERTIFICATE OF DEATH

06553

Reg. Dist. No. 290

1. PLACE OF DEATH a. COUNTY <u>Talbot</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MD.</u> b. COUNTY <u>Talbot</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>EASTON</u>				c. LENGTH OF STAY IN 1b. <u>19 hrs - 45 min</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Memorial Hospital</u>				d. STREET ADDRESS <u>Cordova</u>			
3. NAME OF DECEASED (Type or print) First <u>Florence</u> Middle <u>Williams</u> Last <u>Dobson</u>				4. DATE OF DEATH Month <u>6</u> - Day <u>26</u> Year <u>1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Black</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 19, 1903</u>		9. AGE (In years last birthday) <u>53</u> yrs.	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>John Emory</u>				14. MOTHER'S MAIDEN NAME <u>Lizzie Dobson</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT <u>Gilbert Dobson (brother)</u> Address <u> </u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medio-neroin intoxic</u> <u>451x</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Ruptured dissecting aneurysm</u> DUE TO (c) <u> </u>							INTERVAL BETWEEN ONSET AND DEATH <u> </u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month <u> </u> Day <u> </u> Year <u>19</u> Hour a. m. <u> </u> p. m. <u> </u>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town)		(County)	(State)	
21. I certify that I attended the deceased from <u> </u> , 19 <u> </u> , to <u> </u> , 19 <u> </u> , that I last saw the deceased alive on <u> </u> , 19 <u> </u> , and that death occurred at <u>1:30 PM</u> , from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>E.C.H. Schmidt</u>				ADDRESS (Street, city or town, state) <u>219 S. Washington St. Easton, Maryland</u>		DATE SIGNED <u>30 June 1956</u>	
PHYSICIAN'S NAME (Type) <u>E.C.H. Schmidt</u>				22a. LOCATION (City, town, or county) <u>Easton, Md</u> (State) <u>Md</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF <u>6/30/56</u>	22c. NAME OF CEMETERY OR CREMATORY <u>New Chapel</u>		22d. LOCATION (City, town, or county) <u>Easton, Md</u> (State) <u>Md</u>		22e. REG'D BY REGISTRAR <u>N.H. Neuman</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>James B. Barkhill</u>				ADDRESS <u>Easton, Md.</u>		24a. REC'D BY REGISTRAR <u> </u> DATE <u>6/30/56</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

1955

NAME OF DECEASED		SEX		AGE		DATE OF BIRTH		PLACE OF BIRTH	
LAST, FIRST, MIDDLE		M		35		JUL 10 1920		BALTIMORE, MARYLAND	
RACE		WHITE		EDUCATION		HIGH SCHOOL		OCCUPATION	
MARRIAGE		MARRIED		DATE OF MARRIAGE		JUL 15 1945		PLACE OF MARRIAGE	
CAUSE OF DEATH		HEART DISEASE		MANNER OF DEATH		NATURAL		CERTIFICATE OF DEATH	
IMMEDIATE CAUSE		CORONARY THROMBOSIS		INTERMEDIATE CAUSE		HYPERTENSION		FUNDAMENTAL CAUSE	
DATE OF DEATH		JUL 8 1955		TIME OF DEATH		10:15 AM		PLACE OF DEATH	
HOSPITAL		BALTIMORE HOSPITAL		PHYSICIAN		DR. J. H. SMITH		PATHOLOGIST	
SIGNATURE OF PHYSICIAN		DR. J. H. SMITH		SIGNATURE OF PATHOLOGIST		DR. J. H. SMITH		SIGNATURE OF REGISTRAR	
DATE OF SIGNATURE		JUL 10 1955		TIME OF SIGNATURE		11:00 AM		PLACE OF SIGNATURE	

RECEIVED
JUL 9 1956
BUREAU V. 5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6569 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

186554
Reg. Dist. No. 290

1. PLACE OF DEATH a. COUNTY <u>Talbot</u> MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u> c. LENGTH OF STAY IN 1b <u>1 hr.</u> d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Memorial Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Md</u> b. COUNTY <u>Caroline</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Denton</u> d. STREET ADDRESS <u>05 X - 2</u> e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>													
3. NAME OF DECEASED (Type or print) First Middle Last <u>Raymond Francis Doran</u>				4. DATE OF DEATH Month Day Year <u>June 1 1956</u>													
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept. 23, 1921</u>		9. AGE (In years last birthday) <u>34</u> yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Md</u>				11. BIRTHPLACE (State or foreign country) <u>Md</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13. FATHER'S NAME <u>Wm. Henry Doran</u>						14. MOTHER'S MAIDEN NAME <u>Edna Mae Wooters</u>											
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)						16. SOCIAL SECURITY NO.						17. INFORMANT <u>Norothy M. Doran (wife)</u> Address					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured Skull</u> DUE TO (b) <u>Internal Injuries</u> DUE TO (c) <u>Automobile Accident</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.												INTERVAL BETWEEN ONSET AND DEATH <u>2 hr.</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)														19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH.						20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) <u>Two Cars Collided</u>											
20c. TIME OF INJURY Month, Day, Year Hour <u>6</u> a.m. <u>June</u> <u>1956</u> p.m.						20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>Highway</u>		20f. (City or town) <u>Park Denton</u>		(County) <u>Caroline Md.</u>		(State)			
21. I certify that I took charge of the remains described above, held an autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>																	
ACTUAL SIGNATURE <u>Dawson O. George</u>						M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>						DATE SIGNED <u>6/24/58</u>					
EXAMINER'S NAME (Type) <u>Dawson O. George</u>						ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>											
						DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>											
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				22b. DATE THEREOF <u>June 4, 1956</u>				22c. NAME OF CEMETERY OR CREMATORY <u>Denton</u>				22d. LOCATION (City, town, or county) (State) <u>Denton, Md.</u>					
23. FUNERAL DIRECTOR'S SIGNATURE <u>J. Vargel Moorhead, Denton, Md.</u>												24a. REC'D BY REGISTRAR <u>DATE 6/4/56</u>		24b. REGISTRAR'S SIGNATURE <u>N. W. Heeris</u>			

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 18
STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Form with multiple sections for medical examination, including fields for name, date, time, place, and cause of death. The form is partially filled out with handwritten and printed text.

BUREAU V. 31

JUN 11 1956

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6570 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06555

Reg. Dist. No. 290

1. PLACE OF DEATH a. COUNTY <u>Talbot</u> MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u> c. LENGTH OF STAY IN 1b <u>1 hr - 45 min</u> d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Memorial Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) ✓ a. STATE <u>Md</u> b. COUNTY <u>Caroline</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Denton</u> d. STREET ADDRESS _____ e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Middle Last <u>William Henry Doran</u>				4. DATE OF DEATH Month Day Year <u>June 1 1956</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>March 25 1886</u>		9. AGE (In years last birthday) <u>70</u> yrs. IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life—even if retired) <u>carpenter</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Delaware</u>		11. BIRTHPLACE (State or foreign country) <u>Delaware</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Charles Doran</u>				14. MOTHER'S MAIDEN NAME <u>Anna Johnson</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____				16. SOCIAL SECURITY NO. _____		17. INFORMANT Address <u>Horace M. Doran - Denton</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured Skull</u> <u>816X</u> DUE TO Conditions, if any, which gave rise to immediate cause (b) <u>Internal Injuries</u> (c) <u>automobile accident</u> (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u> <u>2 1/2 hrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Two Cars Collided</u>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. <u>Automobile Accident</u>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Automobile Accident</u>					
20c. TIME OF INJURY Month, Day, Year Hour _____ P. M. <u>June 1 1956</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>Highway Rural Denton Caroline Md</u>		20f. (City or town) (County) (State) <u>Denton Caroline Md</u>			
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/>, Inspection <input checked="" type="checkbox"/>, Inquiry <input checked="" type="checkbox"/>, and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .									
ACTUAL SIGNATURE <u>Dawson B. George</u>				CHIEF MEDICAL EXAMINER <input type="checkbox"/>				DATE SIGNED <u>6-2-56</u>	
EXAMINER'S NAME (Type) <u>DAWSON B. GEORGE</u>				ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>				DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				22b. DATE THEREOF <u>June 4, 1956</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Denton</u>		22d. LOCATION (City, town, or county) (State) <u>Denton, Ind</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>J. Virgil Moore</u>				ADDRESS <u>Denton, Md</u>		24a. REC'D BY REGISTRAR <u>6-4-56</u>		24b. REGISTRAR'S SIGNATURE <u>N. H. Neider</u>	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files. File pages 1 and 2 with the registrar prior to burial, cremation or removal.

STATE OF MARYLAND
 DEPARTMENT OF HEALTH - BALTIMORE 12
 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

NAME OF DECEASED [Faint text]		AGE [Faint text]		SEX [Faint text]		RACE [Faint text]	
DATE OF DEATH [Faint text]		PLACE OF DEATH [Faint text]		CITY OF DEATH [Faint text]		COUNTY OF DEATH [Faint text]	
CAUSE OF DEATH [Faint text]		MANNER OF DEATH [Faint text]		DISEASE OR INJURY [Faint text]		OTHER CAUSE [Faint text]	
SIGNATURE OF EXAMINER [Faint text]		DATE [Faint text]		PLACE [Faint text]		COUNTY [Faint text]	

BUREAU V. S.

JUN 11 1956

RECEIVED

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation or removal.

VS. A15ME(5)
SM 9/55

STATE DEPARTMENT OF HEALTH—BALTIMORE, 18										06556			
6571 MEDICAL EXAMINER'S CERTIFICATE OF DEATH										Reg. Dist. No. 290			
1. PLACE OF DEATH a. COUNTY <u>Talbot</u> MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Talbot</u>								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>					c. LENGTH OF STAY IN lb <u>DOA</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u> - <u>X Rural</u>						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Easton Memorial Hospital</u>					d. STREET ADDRESS <u>1</u>					e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Geneva</u> Middle <u>Anne</u> Last <u>Dyer</u>					4. DATE OF DEATH		Month <u>June</u>		Day <u>19</u>		Year <u>1956</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>August 21, 1905</u>		9. AGE (In years last birthday) yrs. <u>50</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>29</u>		IF UNDER 24 HRS. Hours <u>29</u> Min. <u>29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)					10b. KIND OF BUSINESS OR INDUSTRY					11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Richard Melvin Dyer</u>					14. MOTHER'S MAIDEN NAME <u>Anna Mae Gould</u>								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)					16. SOCIAL SECURITY NO.		17. INFORMANT <u>Father</u>		Address				
18. CAUSE OF DEATH [Enter only one cause pertaining to (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured skull - Chest injury</u> <u>983X</u> DUE TO Conditions, if any, which gave rise to immediate cause (b) (a), stating the underlying cause last. DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)												19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>					20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Swung her against newel post? - chest. Tossed her into corner</u>								
20c. TIME OF INJURY Month, Day, Year Hour <u>a. m.</u> <u>19</u> p. m.					20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. (City or town) (County) (State)				
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Undetermined cause <input type="checkbox"/> .													
22a. BURIAL, CREMATION, or REMOVAL (Specify)					22b. DATE THEREOF <u>6/22/56</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Good Hope</u>		22d. LOCATION (City, town, or county) (State) <u>Centerville Rd #2 Md</u>				
23. FUNERAL DIRECTOR'S SIGNATURE <u>James B. Ashfield</u>					ADDRESS <u>Centerville Md</u>		24a. REC'D BY REGISTRAR <u>DATE 6/22/56</u>		24b. REGISTRAR'S SIGNATURE <u>N. H. Neuren</u>				
ACTUAL SIGNATURE <u>Louis S. Neuren</u>					M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>				
EXAMINER'S NAME (Type) <u>Louis S. Neuren</u>									DATE SIGNED <u>6-20-56</u>				

1
 MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 12
 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BUREAU V. 31

MIL 9 1956

RECEIVED

6586

CERTIFICATE OF DEATH

06557

Reg. Dist. No. 291

1. PLACE OF DEATH o. COUNTY Talbot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland Talbot Co., Tilghman	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tilghman		c. LENGTH OF STAY IN lb life	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Edward B. Fairbank		4. DATE OF DEATH Month June Day 12 Year 19 56	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-7-1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY self employes	11. BIRTHPLACE (State or foreign country) Fairbank, Md.
13. FATHER'S NAME Joseph Fairbank		14. MOTHER'S MAIDEN NAME Frances Caroline Harrison	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. Evelyn Lednum, Tilghman, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion 420.1 DUE TO arteriosclerosis Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) phlebotomized circulation DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 5 minutes 10 yrs 10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour o. m. p. m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from June 8, 1956 , to June 12, 1956 , that I last saw the deceased alive on June 8, 1956 , and that death occurred at 5:40 P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) Tilghman, Md. DATE SIGNED June 21, 1956 ACTUAL SIGNATURE BUY M REESERS M.D. PHYSICIAN'S NAME (Type)			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 6/14/56	22c. NAME OF CEMETERY OR CREMATORY Spring Hill	22d. LOCATION (City, town, or county) (State) Easton, Md.
23. FUNERAL DIRECTOR'S SIGNATURE J. Lednum		24a. REC'D BY REGISTRAR DATE 6-14-56	24b. REGISTRAR'S SIGNATURE Wm. R. R. Smith

CERTIFICATE OF DEATH

1956

Name of Deceased		Sex		Age		Date of Birth		Place of Birth		Usual Residence		Cause of Death		Date of Death		Time of Death		Place of Death		Signature of Physician		Signature of Registrar	
John E. Harrison		Male		75		June 12, 1901		Baltimore, Md.		Baltimore, Md.		Heart Disease		June 12, 1956		10:00 AM		Home		J. E. Harrison		J. E. Harrison	
Occupation		Marital Status		Race		Color		Religion		Education		Previous Illnesses		Manner of Death		Burial Place		Burial Date		Burial Time		Burial Place	
Retired		Married		White		White		Catholic		High School		None		Natural		Catholic Cemetery		June 12, 1956		10:00 AM		Catholic Cemetery	
Signature of Deceased		Signature of Spouse		Signature of Child		Signature of Parent		Signature of Sibling		Signature of Friend		Signature of Neighbor		Signature of Minister		Signature of Undertaker		Signature of Coroner		Signature of Jury		Signature of Judge	
None		None		None		None		None		None		None		None		None		None		None		None	

BUREAU V. S.

JUN 18 1956

RECEIVED

JOHN E. HARRISON
JUN 12 1956
10:00 AM

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06558

6572 CERTIFICATE OF DEATH

Reg. Dist. No. 790

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Talbot</u>		STATE <u>Maryland</u> COUNTY <u>Talbot</u>		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN <u>Easton</u>		LENGTH OF STAY (in this place) <u>1 1/2 Yrs.</u>		TOWN <u>Easton</u>		TOWN <u>Easton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>126 S. Hanson</u>				STREET ADDRESS (If rural give location) <u>126 S. Hanson</u>			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>Samuel Wallace Fisher</u>				<u>June 21, 1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Male</u>	<u>White</u>	<u>Single</u>	<u>Oct. 22, 1904</u>	<u>51</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
<u>None</u>			<u>None</u>		<u>Maryland</u>		<u>U.S.A.</u>
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>M. William Fisher</u>				<u>Gertrude Harris</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS		
<u>No</u>			<u>None</u>		<u>S. Hanson St. M. William Fisher, Easton, Md.</u>		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
<u>420.1</u> IMMEDIATE CAUSE (A) <u>Myocardial Infarction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>arteriosclerotic coronary disease</u>				?			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)				Life			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				<u>epilepsy</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
<input type="checkbox"/>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> M. <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....M., from the causes and on the date stated above.							
SIGNATURE <u>[Signature]</u>				ADDRESS (Street, city, town, state) <u>Easton Md</u>		DATE SIGNED <u>6/22/56</u>	
				M.D.		(State)	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county)	
<u>Burial</u>		<u>Jun. 25, '56</u>		<u>Spring Hill Cemetery</u>		<u>Easton, Maryland</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>[Signature]</u>		<u>Mrs. N. N. Kering</u>		<u>[Signature]</u>		<u>Easton, Md.</u>	

6523 CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 12

Reg. Dist. No.

1. NAME OF DECEASED

2. SEX

3. AGE

4. RACE

5. BIRTH DATE

6. BIRTH PLACE

7. MARRIAGE

8. OCCUPATION

9. CAUSE OF DEATH

10. PLACE OF DEATH

11. TIME OF DEATH

12. SIGNATURE

13. DATE

14. TIME

15. PLACE

16. TIME

17. SIGNATURE

18. DATE

19. TIME

20. PLACE

21. TIME

22. SIGNATURE

23. DATE

24. TIME

25. PLACE

26. TIME

27. SIGNATURE

28. DATE

29. TIME

30. PLACE

31. TIME

32. SIGNATURE

33. DATE

34. TIME

35. PLACE

36. TIME

37. SIGNATURE

38. DATE

39. TIME

40. PLACE

41. TIME

42. SIGNATURE

43. DATE

44. TIME

45. PLACE

46. TIME

47. SIGNATURE

48. DATE

49. TIME

50. PLACE

51. TIME

52. SIGNATURE

53. DATE

54. TIME

55. PLACE

56. TIME

57. SIGNATURE

58. DATE

59. TIME

60. PLACE

61. TIME

62. SIGNATURE

63. DATE

64. TIME

65. PLACE

66. TIME

67. SIGNATURE

68. DATE

69. TIME

70. PLACE

71. TIME

72. SIGNATURE

73. DATE

74. TIME

75. PLACE

76. TIME

77. SIGNATURE

78. DATE

79. TIME

80. PLACE

81. TIME

82. SIGNATURE

83. DATE

84. TIME

85. PLACE

86. TIME

87. SIGNATURE

88. DATE

89. TIME

90. PLACE

91. TIME

92. SIGNATURE

93. DATE

94. TIME

95. PLACE

96. TIME

97. SIGNATURE

98. DATE

99. TIME

100. PLACE

101. TIME

102. SIGNATURE

103. DATE

104. TIME

105. PLACE

106. TIME

107. SIGNATURE

108. DATE

109. TIME

110. PLACE

111. TIME

112. SIGNATURE

113. DATE

114. TIME

115. PLACE

116. TIME

117. SIGNATURE

118. DATE

119. TIME

120. PLACE

121. TIME

122. SIGNATURE

123. DATE

124. TIME

125. PLACE

126. TIME

127. SIGNATURE

128. DATE

129. TIME

130. PLACE

131. TIME

132. SIGNATURE

133. DATE

134. TIME

135. PLACE

136. TIME

137. SIGNATURE

138. DATE

139. TIME

140. PLACE

141. TIME

BUREAU V. 3

JUN 26 1956

RECEIVED

Mr. J. J. Jones

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06560

6587 CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>JALBOT</u>		MARYLAND		STATE <u>md</u>		COUNTY <u>JALBOT</u>	
CITY (If outside corporate limits, write RURAL OR end give nearest town) <u>NEAVITT</u>		LENGTH OF STAY (in this place) <u>Life</u>		CITY (If outside corporate limits, write RURAL end give nearest town) <u>NEAVITT</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS		(If rural give location)	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>PAUL</u> (Middle) <u>J.</u> (Last) <u>HADDAWAY</u>				(Month) <u>JUNE</u> (Day) <u>25</u> (Year) <u>1956</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 9-1936</u>	9. AGE last birthday <u>56</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fisherman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Commercial</u>		11. BIRTHPLACE (State or foreign country) <u>NEAVITT Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>Wm James Haddaway</u>				14. MOTHER'S MAIDEN NAME <u>CORNEILIA JONES</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. <u>213-22-9660</u>		17. INFORMANT & ADDRESS <u>Wm Paul Haddaway Neavitt Md</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
420.1 IMMEDIATE CAUSE (A) <u>Myocardial Infarction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Coronary Artery Heart Disease</u>				<u>3 years</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> A. <input type="checkbox"/>		21e. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>25 June</u> , 19 <u>56</u> , to <u>25 June</u> , 19 <u>56</u> that I last saw the deceased alive on <u>25 June</u> , 19 <u>56</u> , and that death occurred at <u>6:00 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>R. Lane Cleworth, MD.</u>				DATE SIGNED <u>ST. Michaels, Maryland 6-25-56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>6/27/56</u>		NAME OF CEMETERY OR CREMATORY <u>NEAVITT CEMETERY</u>		LOCATION (City, town, or county) (State) <u>NEAVITT MARYLAND</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>Mrs Robert R. Belk</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Michaels Harrison</u>		ADDRESS <u>St. Michaels Md</u>	
DATE <u>June 27, 56</u>							

CERTIFICATE OF DEATH

THIS CERTIFICATE IS TO BE FILLED OUT BY THE PHYSICIAN OR OTHER PERSON HAVING KNOWLEDGE OF THE CAUSE OF DEATH.

NAME OF DECEASED: JOHN J. BROWN
 SEX: MALE
 AGE: 45
 DATE OF BIRTH: 1910
 PLACE OF BIRTH: NEW YORK
 OCCUPATION: LABORER

CAUSE OF DEATH: HEART DISEASE
 DISEASE OR INJURY: MYOCARDIAL INFARCTION
 PERIOD OF ILLNESS: 2 WEEKS
 PLACE OF DEATH: HOME

DATE OF DEATH: JUNE 15, 1956
 TIME OF DEATH: 10:30 AM
 SIGNATURE OF PHYSICIAN: [Signature]
 SIGNATURE OF OTHER PERSON: [Signature]

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the State Department of Health, at the City of Boston, this 15th day of June, 1956.

STATE DEPARTMENT OF HEALTH
 BUREAU OF VITAL RECORDS
 100 STATE STREET, BOSTON, MASSACHUSETTS

RECEIVED
 JUN 28 1956
 BUREAU V. 2

MASSACHUSETTS STATE DEPARTMENT OF HEALTH-BALTIMORE, IN

THIS CERTIFICATE IS TO BE FILLED OUT BY THE PHYSICIAN OR OTHER PERSON HAVING KNOWLEDGE OF THE CAUSE OF DEATH.

NAME OF DECEASED: JOHN J. BROWN
 SEX: MALE
 AGE: 45
 DATE OF BIRTH: 1910
 PLACE OF BIRTH: NEW YORK
 OCCUPATION: LABORER

1
 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
 6573
 CERTIFICATE OF DEATH

06561

Reg. Dist. No. 290

1. PLACE OF DEATH o. COUNTY <u>Talbot</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Md.</u> b. COUNTY <u>Talbot</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Easton Memorial Hosp.</u>				d. STREET ADDRESS <u>29 South Harrison St.</u>			
3. NAME OF DECEASED (Type or print) First <u>Eugenia</u> Middle <u>Hart</u> Last <u>Hart</u>				4. DATE OF DEATH Month <u>6</u> Day <u>27</u> Year <u>1956</u>			
5. SEX <u>Fe.</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec 14, 1873</u>	
9. AGE (In years last birthday) <u>82</u> yrs.		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>		IF UNDER 24 HRS. Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13. FATHER'S NAME <u>Eugene Corkran</u>				14. MOTHER'S MAIDEN NAME <u>Elizabeth Parrott</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u> </u> (If yes, give war or dates of service) <u> </u>				16. SOCIAL SECURITY NO. <u> </u>			
17. INFORMANT <u>Mr. Casper P. Hart (son)</u>				Address <u> </u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction due to atherosclerotic coronary thrombosis</u> DUE TO (b) <u> </u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. <u> </u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u> </u>			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u> </u> <u>19</u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u> </u>	
20f. (City or town) <u> </u> (County) <u> </u> (State) <u> </u>				20g. (City or town) <u> </u> (County) <u> </u> (State) <u> </u>			
21. I certify that I attended the deceased from <u>Apr 16, 1956</u> to <u>27 June 1956</u> , that I last saw the deceased alive on <u>27 June 1956</u> , and that death occurred at <u>7:54 A.M.</u> from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>Thorston Harrison</u> M.D.				DATE SIGNED <u>29 June 56</u>			
PHYSICIAN'S NAME (Type) <u>THORSTON HARRISON</u>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u> </u>		22b. DATE THEREOF <u>June 29, 56</u>		22c. NAME OF CEMETERY OR CREMATORY <u> </u>		22d. LOCATION (City, town, or county) (State) <u> </u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u> </u> ADDRESS <u> </u>				24a. REC'D BY REGISTRAR <u> </u> DATE <u>29/56</u>		24b. REGISTRAR'S SIGNATURE <u>R. D. Neerues</u>	

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06562

6574 CERTIFICATE OF DEATH

Reg. Dist. No. 296

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Talbot</i>		MARYLAND		STATE <i>Maryland</i>		COUNTY <i>Talbot</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Easton</i>		LENGTH OF STAY (in this place) <i>25 yrs</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Easton Md</i>		TOWN <i>40</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location) <i>109 Glenwood Ave</i>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
<i>Anna Lee Hubbard</i>				<i>June 18 1956</i>			
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <i>Oct. 9, 1875</i>	9. AGE last birthday <i>80</i> yrs.	IF UNDER 1 YEAR Months <i>8</i> Days <i>9</i>		IF UNDER 24 HRS. Hours <i>1</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Newspaper</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Con Home</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>	
13. FATHER'S NAME <i>Peter J. Hubbard</i>				14. MOTHER'S MAIDEN NAME <i>Martha J. Fawcett</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT & ADDRESS <i>Miss Ruth Ann Hubbard</i>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
420.1 IMMEDIATE CAUSE (A) <i>Coronary thrombosis</i>				INTERVAL BETWEEN ONSET AND DEATH <i>sudden</i>			
ANTECEDENT CAUSE(S) DUE TO (B) <i>Coronary atherosclerosis</i>				(C) <i>?</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>May 10 pm</i> , 19 <i>56</i> , to <i>June 18 pm</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>June 10 pm</i> , 19 <i>56</i> , and that death occurred at <i>2:15 PM</i> , from the causes and on the date stated above.							
SIGNATURE <i>Martha J. Fawcett</i>		M. D. <i>Easton, Maryland</i>		ADDRESS (Street, city, town, state) <i>Easton, Maryland</i>		DATE SIGNED <i>19 June 56</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF <i>June 20, 56</i>		NAME OF CEMETERY OR CREMATORY <i>Spring Hill</i>		LOCATION (City, town, or county) (State) <i>Easton Md</i>	
24. REC'D BY REGISTRAR DATE <i>6/21/56</i>		REGISTRAR'S SIGNATURE <i>N. A. Neerhus</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. J. Fawcett</i>		ADDRESS <i>Easton</i>	

BUREAU V.

27 NOV 1956

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
6575
CERTIFICATE OF DEATH

06563

Reg. Dist. No. 290

1. PLACE OF DEATH o. COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Monkton</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>	c. LENGTH OF STAY IN 1b <u>25 days</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Nurlock R#2 29X-2</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>MARVIN</u> Middle <u>LEE</u> Last <u>JENKINS</u>		4. DATE OF DEATH Month <u>6</u> Day <u>12</u> Year <u>1952</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>col</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>5-19-52</u>
9. AGE (In years last birthday) yrs. <u>25</u>		IF UNDER 1 YEAR Months <u>25</u> Days <u>12</u> Hours <u>19</u> Min. <u>52</u>	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>—</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>James N. Jenkins</u>		14. MOTHER'S MAIDEN NAME <u>Helen Jones</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>—</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT <u>James N. Jenkins (father)</u>		Address <u>—</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Thrombogenic pneumonia</u> <u>763.5</u> acute <u>Pneumonia</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>—</u> (c) <u>—</u> DUE TO <u>—</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>—</u> (b) <u>—</u> (c) <u>—</u>			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. <u>19</u> p. m. <u>—</u>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>Birth</u> , 19 <u>—</u> , to <u>—</u> , 19 <u>—</u> , that I last saw the deceased alive on <u>—</u> , 19 <u>—</u> , and that death occurred at <u>9:50 P.M.</u> , from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>E. C. H. Schmidt</u>		DATE SIGNED <u>13 June 52</u>	
PHYSICIAN'S NAME (Type) <u>E. C. H. Schmidt</u>		ADDRESS (Street, city or town, state) <u>219 S. Washington St. Easton, Maryland</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	22b. DATE THEREOF <u>6/14/52</u>	22c. NAME OF CEMETERY OR CREMATORY <u>St. Johns</u>	22d. LOCATION (City, town, or county) (State) <u>Near Boston Md</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>J. G. Frampton and Son, Federalburg, Maryland</u>		ADDRESS <u>—</u>	
24a. REC'D BY REGISTRAR <u>—</u>		24b. REGISTRAR'S SIGNATURE <u>N. H. Neeress</u>	
DATE <u>6/14/52</u>			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

9561 01 NW

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06564

Reg. Dist. No. 290

6576

1. PLACE OF DEATH o. COUNTY <u>TALBOT</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>MARYLAND</u> b. COUNTY <u>Anchester</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>EASTON</u>	c. LENGTH OF STAY IN 1b <u>14 hrs 20 min</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>HURLOCK</u> 09X-2	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>EASTON MEMORIAL Hosp.</u>		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Irving</u> Middle <u>Johnson</u> Last <u>Johnson</u>		4. DATE OF DEATH Month <u>6</u> Day <u>19</u> Year <u>1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>COLORED</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1995</u>
9. AGE (In years last birthday) <u>61</u> yrs.		IF UNDER 1 YEAR Months <u>6</u> Days <u>19</u> Hours <u>19</u> Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Helper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cannery</u>	11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Samuel J. Johnson</u>	
14. MOTHER'S MAIDEN NAME <u>MARTINA Sampson</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>220-05-1972</u>		17. INFORMANT <u>Maudie Johnson (Stepmother)</u> Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> 331X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>331X</u> DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>6/19</u> , 19 <u>56</u> , to <u>6/19</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>6/19/56</u> , 19 <u>56</u> , and that death occurred at <u>11</u> P. M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>219 S. Washington St Easton, Maryland</u> DATE SIGNED <u>22 June 56</u>			
ACTUAL SIGNATURE <u>E. C. H. Schmidt</u>		PHYSICIAN'S NAME (Type) <u>E. C. H. Schmidt</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	22b. DATE THEREOF <u>6/23/56</u>	22c. NAME OF CEMETERY OR CREMATORY <u>East New Market</u>	22d. LOCATION (City, town, or county) (State) <u>East New Market md</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Thompson Son Federalville Md</u>		24a. REC'D BY REGISTRAR DATE <u>6/23/56</u>	24b. REGISTRAR'S SIGNATURE <u>H. A. Neenan</u>

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

1. NAME OF DECEASED <i>JOHN J. SMITH</i>		2. SEX <i>MALE</i>		3. AGE <i>45</i>	
4. DATE OF DEATH <i>1956</i>		5. TIME OF DEATH <i>10:15 AM</i>		6. PLACE OF DEATH <i>HOME</i>	
7. CAUSE OF DEATH <i>HEART DISEASE</i>		8. MANNER OF DEATH <i>NATURAL</i>		9. SIGNATURE OF PHYSICIAN <i>[Signature]</i>	
10. SIGNATURE OF REGISTRAR <i>[Signature]</i>		11. SIGNATURE OF WITNESS <i>[Signature]</i>		12. SIGNATURE OF DECEASED <i>[Signature]</i>	
13. SIGNATURE OF DECEASED <i>[Signature]</i>		14. SIGNATURE OF DECEASED <i>[Signature]</i>		15. SIGNATURE OF DECEASED <i>[Signature]</i>	
16. SIGNATURE OF DECEASED <i>[Signature]</i>		17. SIGNATURE OF DECEASED <i>[Signature]</i>		18. SIGNATURE OF DECEASED <i>[Signature]</i>	
19. SIGNATURE OF DECEASED <i>[Signature]</i>		20. SIGNATURE OF DECEASED <i>[Signature]</i>		21. SIGNATURE OF DECEASED <i>[Signature]</i>	
22. SIGNATURE OF DECEASED <i>[Signature]</i>		23. SIGNATURE OF DECEASED <i>[Signature]</i>		24. SIGNATURE OF DECEASED <i>[Signature]</i>	
25. SIGNATURE OF DECEASED <i>[Signature]</i>		26. SIGNATURE OF DECEASED <i>[Signature]</i>		27. SIGNATURE OF DECEASED <i>[Signature]</i>	
28. SIGNATURE OF DECEASED <i>[Signature]</i>		29. SIGNATURE OF DECEASED <i>[Signature]</i>		30. SIGNATURE OF DECEASED <i>[Signature]</i>	
31. SIGNATURE OF DECEASED <i>[Signature]</i>		32. SIGNATURE OF DECEASED <i>[Signature]</i>		33. SIGNATURE OF DECEASED <i>[Signature]</i>	
34. SIGNATURE OF DECEASED <i>[Signature]</i>		35. SIGNATURE OF DECEASED <i>[Signature]</i>		36. SIGNATURE OF DECEASED <i>[Signature]</i>	
37. SIGNATURE OF DECEASED <i>[Signature]</i>		38. SIGNATURE OF DECEASED <i>[Signature]</i>		39. SIGNATURE OF DECEASED <i>[Signature]</i>	
40. SIGNATURE OF DECEASED <i>[Signature]</i>		41. SIGNATURE OF DECEASED <i>[Signature]</i>		42. SIGNATURE OF DECEASED <i>[Signature]</i>	
43. SIGNATURE OF DECEASED <i>[Signature]</i>		44. SIGNATURE OF DECEASED <i>[Signature]</i>		45. SIGNATURE OF DECEASED <i>[Signature]</i>	
46. SIGNATURE OF DECEASED <i>[Signature]</i>		47. SIGNATURE OF DECEASED <i>[Signature]</i>		48. SIGNATURE OF DECEASED <i>[Signature]</i>	
49. SIGNATURE OF DECEASED <i>[Signature]</i>		50. SIGNATURE OF DECEASED <i>[Signature]</i>		51. SIGNATURE OF DECEASED <i>[Signature]</i>	
52. SIGNATURE OF DECEASED <i>[Signature]</i>		53. SIGNATURE OF DECEASED <i>[Signature]</i>		54. SIGNATURE OF DECEASED <i>[Signature]</i>	
55. SIGNATURE OF DECEASED <i>[Signature]</i>		56. SIGNATURE OF DECEASED <i>[Signature]</i>		57. SIGNATURE OF DECEASED <i>[Signature]</i>	
58. SIGNATURE OF DECEASED <i>[Signature]</i>		59. SIGNATURE OF DECEASED <i>[Signature]</i>		60. SIGNATURE OF DECEASED <i>[Signature]</i>	
61. SIGNATURE OF DECEASED <i>[Signature]</i>		62. SIGNATURE OF DECEASED <i>[Signature]</i>		63. SIGNATURE OF DECEASED <i>[Signature]</i>	
64. SIGNATURE OF DECEASED <i>[Signature]</i>		65. SIGNATURE OF DECEASED <i>[Signature]</i>		66. SIGNATURE OF DECEASED <i>[Signature]</i>	
67. SIGNATURE OF DECEASED <i>[Signature]</i>		68. SIGNATURE OF DECEASED <i>[Signature]</i>		69. SIGNATURE OF DECEASED <i>[Signature]</i>	
70. SIGNATURE OF DECEASED <i>[Signature]</i>		71. SIGNATURE OF DECEASED <i>[Signature]</i>		72. SIGNATURE OF DECEASED <i>[Signature]</i>	
73. SIGNATURE OF DECEASED <i>[Signature]</i>		74. SIGNATURE OF DECEASED <i>[Signature]</i>		75. SIGNATURE OF DECEASED <i>[Signature]</i>	
76. SIGNATURE OF DECEASED <i>[Signature]</i>		77. SIGNATURE OF DECEASED <i>[Signature]</i>		78. SIGNATURE OF DECEASED <i>[Signature]</i>	
79. SIGNATURE OF DECEASED <i>[Signature]</i>		80. SIGNATURE OF DECEASED <i>[Signature]</i>		81. SIGNATURE OF DECEASED <i>[Signature]</i>	
82. SIGNATURE OF DECEASED <i>[Signature]</i>		83. SIGNATURE OF DECEASED <i>[Signature]</i>		84. SIGNATURE OF DECEASED <i>[Signature]</i>	
85. SIGNATURE OF DECEASED <i>[Signature]</i>		86. SIGNATURE OF DECEASED <i>[Signature]</i>		87. SIGNATURE OF DECEASED <i>[Signature]</i>	
88. SIGNATURE OF DECEASED <i>[Signature]</i>		89. SIGNATURE OF DECEASED <i>[Signature]</i>		90. SIGNATURE OF DECEASED <i>[Signature]</i>	
91. SIGNATURE OF DECEASED <i>[Signature]</i>		92. SIGNATURE OF DECEASED <i>[Signature]</i>		93. SIGNATURE OF DECEASED <i>[Signature]</i>	
94. SIGNATURE OF DECEASED <i>[Signature]</i>		95. SIGNATURE OF DECEASED <i>[Signature]</i>		96. SIGNATURE OF DECEASED <i>[Signature]</i>	
97. SIGNATURE OF DECEASED <i>[Signature]</i>		98. SIGNATURE OF DECEASED <i>[Signature]</i>		99. SIGNATURE OF DECEASED <i>[Signature]</i>	
100. SIGNATURE OF DECEASED <i>[Signature]</i>		101. SIGNATURE OF DECEASED <i>[Signature]</i>		102. SIGNATURE OF DECEASED <i>[Signature]</i>	

RECEIVED
JUN 27 1956
BUREAU V. 31

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
6577
CERTIFICATE OF DEATH

06565

Reg. Dist. No. 290

1. PLACE OF DEATH o. COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Talbot</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS <u>R7D #1</u>	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Margaret</u> Middle <u>Lankford</u> Last <u>Lankford</u>		4. DATE OF DEATH Month <u>June</u> Day <u>16</u> Year <u>1956</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 6, 1898</u>
9. AGE (In years last birthday) <u>57</u> yrs.		IF UNDER 1 YEAR: Months <u>7</u> Days <u>16</u> Hours <u>19</u> Min. <u>56</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>H.W</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>Southern Greenwell</u>		14. MOTHER'S MAIDEN NAME <u>Emma Wheatley</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Mr. Walter C. Baupford</u>		Address <u>R.F.D. #1, Easton, Md.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and, (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>443X</u> DUE TO <u>apoplexy</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>H.C.V.D.</u> DUE TO (c) <u>2 weeks</u> <u>5 yrs</u>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from <u>1940</u> to <u>6/18/56</u> , 1956, that I last saw the deceased alive on <u>6/16/56</u> , 1956, and that death occurred at <u>7:30</u> P.M. from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>M. Cox</u>		ADDRESS (Street, city or town, state) <u>Easton Md</u>	
DATE SIGNED			
PHYSICIAN'S NAME (Type)			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>June 19, 56</u>		22b. DATE THEREOF	
22c. NAME OF CEMETERY OR CREMATORY		22d. LOCATION (City, town, or county) (State) <u>Cambidge Md</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Walter C. Baupford</u>		ADDRESS <u>Easton</u>	
24a. REC'D BY REGISTRAR		24b. REGISTRAR'S SIGNATURE <u>N.H. Neerw</u>	
DATE <u>6/19/56</u>			

CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. RACE		5. OCCUPATION	
JAMES H. HARRIS		Male		45		White		Carpenter	
6. PLACE OF BIRTH		7. DATE OF BIRTH		8. DATE OF DEATH		9. TIME OF DEATH		10. PLACE OF DEATH	
Baltimore, Md.		Jan 15, 1900		Jan 27, 1956		10:30 AM		Home	
11. CAUSE OF DEATH		12. MANNER OF DEATH		13. PLACE OF INTERMENT		14. NAME OF FUNERAL HOME		15. NAME OF MINISTER	
Heart Disease		Natural		Catholic Cemetery		St. Mary's		Rev. J. J. Smith	
16. SIGNATURE OF PHYSICIAN		17. SIGNATURE OF DECEASED		18. SIGNATURE OF WITNESSES		19. SIGNATURE OF FUNERAL HOME		20. SIGNATURE OF MINISTER	
[Signature]		[Signature]		[Signature]		[Signature]		[Signature]	

BUREAU V. 11

JUN 27 1956

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
6578
CERTIFICATE OF DEATH

06566

Reg. Dist. No. 290

1. PLACE OF DEATH a. COUNTY <u>TALBOT</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>TALBOT</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>EASTON</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>ST. MICHAELS</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>EASTON MEMORIAL HOSP.</u>		d. STREET ADDRESS <u>134 DORSON AVE.</u>	
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Lewis</u> Last <u>Lewis</u>		4. DATE OF DEATH Month <u>6</u> Day <u>13</u> Year <u>1956</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>56</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>	
13. FATHER'S NAME <u>FLETCHER LEWIS</u>		14. MOTHER'S MAIDEN NAME <u>ROBERTA BANNISTER</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>1</u>	
17. INFORMANT <u>Sam Lewis (Brother)</u>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Intestinal Obstruction</u> 570.5 DUE TO <u>Adhesive band</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Old appendiceal abscess.</u> (c) <u>Old appendiceal abscess.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>19</u> to <u>19</u> , that I last saw the deceased alive on <u>6/13/56</u> , and that death occurred at <u>6:15</u> A.M. from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>Ed Schmidt</u> M.D.		ADDRESS (Street, city or town, state) <u>219 S. Washington St</u> DATE SIGNED <u>13 Nov 56</u>	
PHYSICIAN'S NAME (Type) <u>E. C. H. Schmidt</u>		Easton, Maryland	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>6/16/56</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Richards</u>		22d. LOCATION (City, town, or county) (State) <u>Easton Md</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>James B. Corbitt</u> ADDRESS <u>Easton, Md.</u>		24a. REC'D BY REGISTRAR <u>DATE 6/16/56</u>	
24b. REGISTRAR'S SIGNATURE <u>N. R. Nevin</u>			

6579

CERTIFICATE OF DEATH

06567

Reg. Dist. No. 290

1. PLACE OF DEATH a. COUNTY <i>Talbot</i> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Talbot</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Easton</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Easton</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Memorial Hospital</i>		d. STREET ADDRESS <i>R7D #1</i>	
3. NAME OF DECEASED (Type or print) <i>Oliver</i> First <i>Lewis</i> Middle Last		4. DATE OF DEATH <i>June 27 1956</i> Month Day Year	
5. SEX <i>M</i>	6. COLOR OR RACE <i>Col</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 29, 1891</i> 65 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTH PLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Robert Lewis</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Blake</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT <i>Elizabeth Lewis (wife)</i> Address <i>R7D #1 Easton, Md.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>443X Left Hemiplegia</i> DUE TO <i>C. U. G.</i> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>H. C. U. D. & Obesity</i> DUE TO (c) <i>lymphatic leukemia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>2 days</i> <i>4 yrs.</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>6-19-1956</i> , to <i>6-27-56</i> , that I last saw the deceased alive on <i>6-27-1956</i> , and that death occurred at <i>2:50 PM</i> , from the causes and on the date stated above.			
ACTUAL SIGNATURE <i>W. F. Buell</i> M.D.		DATE SIGNED <i>June 27, 1956</i>	
PHYSICIAN'S NAME (Type) <i>M. F. Buell MD</i>		<i>Easton Md.</i>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>6/30/56</i>	
22c. NAME OF CEMETERY OR CREMATORY <i>Copperville, Am.</i>		22d. LOCATION (City, town, or county) (State) <i>Easton Rt. 1, Md.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>James B. Ashwell</i> ADDRESS <i>Easton, Md.</i>		24a. REC'D BY REGISTRAR <i>N. A. Neer</i> DATE <i>6/30/56</i>	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 18

BUREAU V. S.

JUL 2 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

06568
290

6580

1. PLACE OF DEATH a. COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Md.</u> b. COUNTY <u>Caroline</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton Md.</u>	
c. LENGTH OF STAY IN 1b <u>6 days</u>		d. STREET ADDRESS <u>306 Franklin St.</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Memorial Hospital</u>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Lyda</u> Middle <u>Helen</u> Last <u>Lord</u>		4. DATE OF DEATH Month <u>6</u> Day <u>14</u> Year <u>1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 18 1888</u>
9. AGE (In years last birthday) <u>67</u> yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>6</u> Days <u>14</u> Hours <u>19</u> Min. <u>56</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H.W.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Mr. John William</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Knorrles</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>?</u>	
17. INFORMANT <u>Mrs. Malcolm E. Lord</u>		Address <u>1893 2nd St. Easton</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage, left</u> 331X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>331X</u> DUE TO (c) <u>331X</u>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour <u>a. m.</u> <u>19</u> p. m.		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:25 A.M.</u> , from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>E.C.H. Schmidt</u>		DATE SIGNED <u>2195 Washington St., 14 June 1956</u>	
PHYSICIAN'S NAME (Type) <u>E.C.H. Schmidt</u>		ADDRESS (Street, city or town, state) <u>Easton, Maryland</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>6/17/56</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Shell Crest</u>		22d. LOCATION (City, town, or county) (State) <u>Federalburg Md</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Frampton, Sen.</u>		ADDRESS <u>Federalburg Md</u>	
24a. REC'D BY REGISTRAR <u>6/17/56</u>		24b. REGISTRAR'S SIGNATURE <u>N.H. Nevers</u>	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

1956

1. NAME OF DECEASED		2. SEX		3. AGE		4. RACE		5. DATE OF DEATH		6. TIME OF DEATH	
7. PLACE OF DEATH		8. CITY		9. COUNTY		10. STATE		11. ZIP CODE		12. MANNER OF DEATH	
13. OCCUPATION		14. EDUCATION		15. MARITAL STATUS		16. RELIGION		17. SOCIAL SECURITY NUMBER		18. MEDICAL HISTORY	
19. CAUSE OF DEATH		20. MECHANISM OF DEATH		21. UNDERLYING CAUSE		22. IMMEDIATE CAUSE		23. INTERMEDIATE CAUSE		24. OTHER CAUSE	
25. SIGNATURE OF PHYSICIAN		26. SIGNATURE OF REGISTRAR		27. SIGNATURE OF WITNESS		28. SIGNATURE OF DECEASED		29. SIGNATURE OF NEXT OF KIN		30. SIGNATURE OF OTHER	
31. DATE OF DEATH		32. TIME OF DEATH		33. PLACE OF DEATH		34. CITY		35. COUNTY		36. STATE	
37. SIGNATURE OF PHYSICIAN		38. SIGNATURE OF REGISTRAR		39. SIGNATURE OF WITNESS		40. SIGNATURE OF DECEASED		41. SIGNATURE OF NEXT OF KIN		42. SIGNATURE OF OTHER	
43. DATE OF DEATH		44. TIME OF DEATH		45. PLACE OF DEATH		46. CITY		47. COUNTY		48. STATE	
49. SIGNATURE OF PHYSICIAN		50. SIGNATURE OF REGISTRAR		51. SIGNATURE OF WITNESS		52. SIGNATURE OF DECEASED		53. SIGNATURE OF NEXT OF KIN		54. SIGNATURE OF OTHER	
55. DATE OF DEATH		56. TIME OF DEATH		57. PLACE OF DEATH		58. CITY		59. COUNTY		60. STATE	
61. SIGNATURE OF PHYSICIAN		62. SIGNATURE OF REGISTRAR		63. SIGNATURE OF WITNESS		64. SIGNATURE OF DECEASED		65. SIGNATURE OF NEXT OF KIN		66. SIGNATURE OF OTHER	
67. DATE OF DEATH		68. TIME OF DEATH		69. PLACE OF DEATH		70. CITY		71. COUNTY		72. STATE	
73. SIGNATURE OF PHYSICIAN		74. SIGNATURE OF REGISTRAR		75. SIGNATURE OF WITNESS		76. SIGNATURE OF DECEASED		77. SIGNATURE OF NEXT OF KIN		78. SIGNATURE OF OTHER	
79. DATE OF DEATH		80. TIME OF DEATH		81. PLACE OF DEATH		82. CITY		83. COUNTY		84. STATE	
85. SIGNATURE OF PHYSICIAN		86. SIGNATURE OF REGISTRAR		87. SIGNATURE OF WITNESS		88. SIGNATURE OF DECEASED		89. SIGNATURE OF NEXT OF KIN		90. SIGNATURE OF OTHER	
91. DATE OF DEATH		92. TIME OF DEATH		93. PLACE OF DEATH		94. CITY		95. COUNTY		96. STATE	
97. SIGNATURE OF PHYSICIAN		98. SIGNATURE OF REGISTRAR		99. SIGNATURE OF WITNESS		100. SIGNATURE OF DECEASED		101. SIGNATURE OF NEXT OF KIN		102. SIGNATURE OF OTHER	
103. DATE OF DEATH		104. TIME OF DEATH		105. PLACE OF DEATH		106. CITY		107. COUNTY		108. STATE	
109. SIGNATURE OF PHYSICIAN		110. SIGNATURE OF REGISTRAR		111. SIGNATURE OF WITNESS		112. SIGNATURE OF DECEASED		113. SIGNATURE OF NEXT OF KIN		114. SIGNATURE OF OTHER	
115. DATE OF DEATH		116. TIME OF DEATH		117. PLACE OF DEATH		118. CITY		119. COUNTY		120. STATE	
121. SIGNATURE OF PHYSICIAN		122. SIGNATURE OF REGISTRAR		123. SIGNATURE OF WITNESS		124. SIGNATURE OF DECEASED		125. SIGNATURE OF NEXT OF KIN		126. SIGNATURE OF OTHER	
127. DATE OF DEATH		128. TIME OF DEATH		129. PLACE OF DEATH		130. CITY		131. COUNTY		132. STATE	
133. SIGNATURE OF PHYSICIAN		134. SIGNATURE OF REGISTRAR		135. SIGNATURE OF WITNESS		136. SIGNATURE OF DECEASED		137. SIGNATURE OF NEXT OF KIN		138. SIGNATURE OF OTHER	
139. DATE OF DEATH		140. TIME OF DEATH		141. PLACE OF DEATH		142. CITY		143. COUNTY		144. STATE	
145. SIGNATURE OF PHYSICIAN		146. SIGNATURE OF REGISTRAR		147. SIGNATURE OF WITNESS		148. SIGNATURE OF DECEASED		149. SIGNATURE OF NEXT OF KIN		150. SIGNATURE OF OTHER	
151. DATE OF DEATH		152. TIME OF DEATH		153. PLACE OF DEATH		154. CITY		155. COUNTY		156. STATE	
157. SIGNATURE OF PHYSICIAN		158. SIGNATURE OF REGISTRAR		159. SIGNATURE OF WITNESS		160. SIGNATURE OF DECEASED		161. SIGNATURE OF NEXT OF KIN		162. SIGNATURE OF OTHER	
163. DATE OF DEATH		164. TIME OF DEATH		165. PLACE OF DEATH		166. CITY		167. COUNTY		168. STATE	
169. SIGNATURE OF PHYSICIAN		170. SIGNATURE OF REGISTRAR		171. SIGNATURE OF WITNESS		172. SIGNATURE OF DECEASED		173. SIGNATURE OF NEXT OF KIN		174. SIGNATURE OF OTHER	
175. DATE OF DEATH		176. TIME OF DEATH		177. PLACE OF DEATH		178. CITY		179. COUNTY		180. STATE	
181. SIGNATURE OF PHYSICIAN		182. SIGNATURE OF REGISTRAR		183. SIGNATURE OF WITNESS		184. SIGNATURE OF DECEASED		185. SIGNATURE OF NEXT OF KIN		186. SIGNATURE OF OTHER	
187. DATE OF DEATH		188. TIME OF DEATH		189. PLACE OF DEATH		190. CITY		191. COUNTY		192. STATE	
193. SIGNATURE OF PHYSICIAN		194. SIGNATURE OF REGISTRAR		195. SIGNATURE OF WITNESS		196. SIGNATURE OF DECEASED		197. SIGNATURE OF NEXT OF KIN		198. SIGNATURE OF OTHER	
199. DATE OF DEATH		200. TIME OF DEATH		201. PLACE OF DEATH		202. CITY		203. COUNTY		204. STATE	
205. SIGNATURE OF PHYSICIAN		206. SIGNATURE OF REGISTRAR		207. SIGNATURE OF WITNESS		208. SIGNATURE OF DECEASED		209. SIGNATURE OF NEXT OF KIN		210. SIGNATURE OF OTHER	
211. DATE OF DEATH		212. TIME OF DEATH		213. PLACE OF DEATH		214. CITY		215. COUNTY		216. STATE	
217. SIGNATURE OF PHYSICIAN		218. SIGNATURE OF REGISTRAR		219. SIGNATURE OF WITNESS		220. SIGNATURE OF DECEASED		221. SIGNATURE OF NEXT OF KIN		222. SIGNATURE OF OTHER	
223. DATE OF DEATH		224. TIME OF DEATH		225. PLACE OF DEATH		226. CITY		227. COUNTY		228. STATE	
229. SIGNATURE OF PHYSICIAN		230. SIGNATURE OF REGISTRAR		231. SIGNATURE OF WITNESS		232. SIGNATURE OF DECEASED		233. SIGNATURE OF NEXT OF KIN		234. SIGNATURE OF OTHER	
235. DATE OF DEATH		236. TIME OF DEATH		237. PLACE OF DEATH		238. CITY		239. COUNTY		240. STATE	
241. SIGNATURE OF PHYSICIAN		242. SIGNATURE OF REGISTRAR		243. SIGNATURE OF WITNESS		244. SIGNATURE OF DECEASED		245. SIGNATURE OF NEXT OF KIN		246. SIGNATURE OF OTHER	
247. DATE OF DEATH		248. TIME OF DEATH		249. PLACE OF DEATH		250. CITY		251. COUNTY		252. STATE	
253. SIGNATURE OF PHYSICIAN		254. SIGNATURE OF REGISTRAR		255. SIGNATURE OF WITNESS		256. SIGNATURE OF DECEASED		257. SIGNATURE OF NEXT OF KIN		258. SIGNATURE OF OTHER	
259. DATE OF DEATH		260. TIME OF DEATH		261. PLACE OF DEATH		262. CITY		263. COUNTY		264. STATE	
265. SIGNATURE OF PHYSICIAN		266. SIGNATURE OF REGISTRAR		267. SIGNATURE OF WITNESS		268. SIGNATURE OF DECEASED		269. SIGNATURE OF NEXT OF KIN		270. SIGNATURE OF OTHER	
271. DATE OF DEATH		272. TIME OF DEATH		273. PLACE OF DEATH		274. CITY		275. COUNTY		276. STATE	
277. SIGNATURE OF PHYSICIAN		278. SIGNATURE OF REGISTRAR		279. SIGNATURE OF WITNESS		280. SIGNATURE OF DECEASED		281. SIGNATURE OF NEXT OF KIN		282. SIGNATURE OF OTHER	
283. DATE OF DEATH		284. TIME OF DEATH		285. PLACE OF DEATH		286. CITY		287. COUNTY		288. STATE	
289. SIGNATURE OF PHYSICIAN		290. SIGNATURE OF REGISTRAR		291. SIGNATURE OF WITNESS		292. SIGNATURE OF DECEASED		293. SIGNATURE OF NEXT OF KIN		294. SIGNATURE OF OTHER	
295. DATE OF DEATH		296. TIME OF DEATH		297. PLACE OF DEATH		298. CITY		299. COUNTY		300. STATE	
301. SIGNATURE OF PHYSICIAN		302. SIGNATURE OF REGISTRAR		303. SIGNATURE OF WITNESS		304. SIGNATURE OF DECEASED		305. SIGNATURE OF NEXT OF KIN		306. SIGNATURE OF OTHER	
307. DATE OF DEATH		308. TIME OF DEATH		309. PLACE OF DEATH		310. CITY		311. COUNTY		312. STATE	
313. SIGNATURE OF PHYSICIAN		314. SIGNATURE OF REGISTRAR		315. SIGNATURE OF WITNESS		316. SIGNATURE OF DECEASED		317. SIGNATURE OF NEXT OF KIN		318. SIGNATURE OF OTHER	
319. DATE OF DEATH		320. TIME OF DEATH		321. PLACE OF DEATH		322. CITY		323. COUNTY		324. STATE	
325. SIGNATURE OF PHYSICIAN		326. SIGNATURE OF REGISTRAR		327. SIGNATURE OF WITNESS		328. SIGNATURE OF DECEASED		329. SIGNATURE OF NEXT OF KIN		330. SIGNATURE OF OTHER	
331. DATE OF DEATH		332. TIME OF DEATH		333. PLACE OF DEATH		334. CITY		335. COUNTY		336. STATE	
337. SIGNATURE OF PHYSICIAN		338. SIGNATURE OF REGISTRAR		339. SIGNATURE OF WITNESS		340. SIGNATURE OF DECEASED		341. SIGNATURE OF NEXT OF KIN		342. SIGNATURE OF OTHER	
343. DATE OF DEATH		344. TIME OF DEATH		345. PLACE OF DEATH		346. CITY		347. COUNTY		348. STATE	
349. SIGNATURE OF PHYSICIAN		350. SIGNATURE OF REGISTRAR		351. SIGNATURE OF WITNESS		352. SIGNATURE OF DECEASED		353. SIGNATURE OF NEXT OF KIN		354. SIGNATURE OF OTHER	
355. DATE OF DEATH		356. TIME OF DEATH		357. PLACE OF DEATH		358. CITY		359. COUNTY		360. STATE	
361. SIGNATURE OF PHYSICIAN		362. SIGNATURE OF REGISTRAR		363. SIGNATURE OF WITNESS		364. SIGNATURE OF DECEASED		365. SIGNATURE OF NEXT OF KIN		366. SIGNATURE OF OTHER	
367. DATE OF DEATH		368. TIME OF DEATH		369. PLACE OF DEATH		370. CITY		371. COUNTY		372. STATE	
373. SIGNATURE OF PHYSICIAN		374. SIGNATURE OF REGISTRAR		375. SIGNATURE OF WITNESS		376. SIGNATURE OF DECEASED		377. SIGNATURE OF NEXT OF KIN		378. SIGNATURE OF OTHER	
379. DATE OF DEATH		380. TIME OF DEATH		381. PLACE OF DEATH		382. CITY		383. COUNTY		384. STATE	
385. SIGNATURE OF PHYSICIAN		386. SIGNATURE OF REGISTRAR		387. SIGNATURE OF WITNESS		388. SIGNATURE OF DECEASED		389. SIGNATURE OF NEXT OF KIN		390. SIGNATURE OF OTHER	
391. DATE OF DEATH		392. TIME OF DEATH		393. PLACE OF DEATH		394. CITY		395. COUNTY		396. STATE	
397. SIGNATURE OF PHYSICIAN		398. SIGNATURE OF REGISTRAR		399. SIGNATURE OF WITNESS		400. SIGNATURE OF DECEASED		401. SIGNATURE OF NEXT OF KIN		402. SIGNATURE OF OTHER	
403. DATE OF DEATH		404. TIME OF DEATH		405. PLACE OF DEATH		406. CITY		407. COUNTY		408. STATE	
409. SIGNATURE OF PHYSICIAN		410. SIGNATURE OF REGISTRAR		411. SIGNATURE OF WITNESS		412. SIGNATURE OF DECEASED		413. SIGNATURE OF NEXT OF KIN		414. SIGNATURE OF OTHER	
415. DATE OF DEATH		416. TIME OF DEATH		417. PLACE OF DEATH		418. CITY		419. COUNTY		420. STATE	
421. SIGNATURE OF PHYSICIAN		422. SIGNATURE OF REGISTRAR		423. SIGNATURE OF WITNESS		424. SIGNATURE OF DECEASED		425. SIGNATURE OF NEXT OF KIN		426. SIGNATURE OF OTHER	
427. DATE OF DEATH		428. TIME OF DEATH		429. PLACE OF DEATH		430. CITY		431. COUNTY		432. STATE	
433. SIGNATURE OF PHYSICIAN		434. SIGNATURE OF REGISTRAR		435. SIGNATURE OF WITNESS		436. SIGNATURE OF DECEASED		437. SIGNATURE OF NEXT OF KIN		438. SIGNATURE OF OTHER	
439. DATE OF DEATH		440. TIME OF DEATH		441. PLACE OF DEATH		442. CITY		443. COUNTY		444. STATE	
445. SIGNATURE OF PHYSICIAN		446. SIGNATURE OF REGISTRAR		447. SIGNATURE OF WITNESS		448. SIGNATURE OF DECEASED		449. SIGNATURE OF NEXT OF KIN		450. SIGNATURE OF OTHER	
451. DATE OF DEATH		452. TIME OF DEATH		453. PLACE OF DEATH		454. CITY		455. COUNTY		456. STATE	
457. SIGNATURE OF PHYSICIAN		458. SIGNATURE OF REGISTRAR		459. SIGNATURE OF WITNESS		460. SIGNATURE OF DECEASED		461. SIGNATURE OF NEXT OF KIN		462. SIGNATURE OF OTHER	
463. DATE OF DEATH		464. TIME OF DEATH		465. PLACE OF DEATH		466. CITY		467. COUNTY		468. STATE	
469. SIGNATURE OF PHYSICIAN		470. SIGNATURE OF REGISTRAR		471. SIGNATURE OF WITNESS		472. SIGNATURE OF DECEASED		473. SIGNATURE OF NEXT OF KIN		474. SIGNATURE OF OTHER	
475. DATE OF DEATH		476. TIME OF DEATH		477. PLACE OF DEATH		478. CITY		479. COUNTY		480. STATE	
481. SIGNATURE OF PHYSICIAN		482. SIGNATURE OF REGISTRAR		483. SIGNATURE OF WITNESS		484. SIGNATURE OF DECEASED		485. SIGNATURE OF NEXT OF KIN		486. SIGNATURE OF OTHER	
487. DATE OF DEATH		488. TIME OF DEATH		489. PLACE OF DEATH		490. CITY		491. COUNTY		492. STATE	
493. SIGNATURE OF PHYSICIAN		494. SIGNATURE OF REGISTRAR		495. SIGNATURE OF WITNESS		496. SIGNATURE OF DECEASED		497. SIGNATURE OF NEXT OF KIN		498. SIGNATURE OF OTHER	
499. DATE OF DEATH		500. TIME OF DEATH		501. PLACE OF DEATH		502. CITY		503. COUNTY		504. STATE	
505. SIGNATURE OF PHYSICIAN											

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 4-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06569

6588

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Talbot		MARYLAND		STATE Maryland		COUNTY Talbot	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN St. Michaels		LENGTH OF STAY (in this place) Life		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels, Maryland			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print) John F. Mansfield				4. DATE OF DEATH 6 4 1956			
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH 9/26/1876	
				9. AGE last birthday 79 yrs.		IF UNDER 1 YEAR Months Days	
						IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Tidewater Fisheries Insp.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Michaels, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13. FATHER'S NAME John Mansfield				14. MOTHER'S MAIDEN NAME Laura Newnam			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS Josephine Harrison-St. Michaels, Md.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
332X IMMEDIATE CAUSE (A) cerebral thrombosis						36 hrs.	
DUE TO ANTECEDENT CAUSE(S) (B) cerebral arteriosclerotic vascular						-	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (C) DUE TO							
STATING UNDERLYING CAUSE LAST, DUE TO							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. coronary atherosclerosis						-	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-30, 1953, to 6-5, 1956, that I last saw the deceased alive on 6-5, 1956, and that death occurred at 7:45 P.M. from the causes and on the date stated above.							
SIGNATURE				ADDRESS (Street, city, town, state)		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial				NAME OF CEMETERY OR CREMATORY Olivet Cemetery		LOCATION (City, town, or county) (State) St. Michaels, Talbot, Md.	
24. REC'D BY REGISTRAR DATE June 7, 56		REGISTRAR'S SIGNATURE Mrs. Robert L. Scott		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman D. Marshall St. Michaels, Md.			

A34

CERTIFICATE OF DEATH

6528

1. NAME AND RESIDENCE OF DECEASED

2. PLACE AND DATE OF DEATH

3. CAUSE OF DEATH

4. MANNER OF DEATH

5. SIGNATURE OF PHYSICIAN

6. SIGNATURE OF REGISTRAR

7. SIGNATURE OF WITNESSES

8. SIGNATURE OF DECEASED

9. SIGNATURE OF BURIAL OFFICIAL

10. SIGNATURE OF CLERK

11. SIGNATURE OF JUDGE

12. SIGNATURE OF SHERIFF

13. SIGNATURE OF DISTRICT ATTORNEY

14. SIGNATURE OF COUNTY CLERK

15. SIGNATURE OF TOWNSHIP CLERK

16. SIGNATURE OF VOTING CLERK

17. SIGNATURE OF SCHOOL CLERK

18. SIGNATURE OF CHURCH CLERK

19. SIGNATURE OF POST OFFICE CLERK

20. SIGNATURE OF TOWN CLERK

21. SIGNATURE OF VILLAGE CLERK

22. SIGNATURE OF CITY CLERK

23. SIGNATURE OF COUNTY CLERK

24. SIGNATURE OF DISTRICT CLERK

25. SIGNATURE OF JUDGE

26. SIGNATURE OF SHERIFF

27. SIGNATURE OF DISTRICT ATTORNEY

28. SIGNATURE OF COUNTY CLERK

29. SIGNATURE OF TOWNSHIP CLERK

30. SIGNATURE OF VOTING CLERK

31. SIGNATURE OF SCHOOL CLERK

32. SIGNATURE OF CHURCH CLERK

33. SIGNATURE OF POST OFFICE CLERK

34. SIGNATURE OF TOWN CLERK

35. SIGNATURE OF VILLAGE CLERK

36. SIGNATURE OF CITY CLERK

37. SIGNATURE OF COUNTY CLERK

38. SIGNATURE OF DISTRICT CLERK

39. SIGNATURE OF JUDGE

40. SIGNATURE OF SHERIFF

41. SIGNATURE OF DISTRICT ATTORNEY

42. SIGNATURE OF COUNTY CLERK

43. SIGNATURE OF TOWNSHIP CLERK

44. SIGNATURE OF VOTING CLERK

1. NAME AND RESIDENCE OF DECEASED

2. PLACE AND DATE OF DEATH

3. CAUSE OF DEATH

4. MANNER OF DEATH

5. SIGNATURE OF PHYSICIAN

6. SIGNATURE OF REGISTRAR

7. SIGNATURE OF WITNESSES

8. SIGNATURE OF DECEASED

9. SIGNATURE OF BURIAL OFFICIAL

10. SIGNATURE OF CLERK

11. SIGNATURE OF JUDGE

12. SIGNATURE OF SHERIFF

13. SIGNATURE OF DISTRICT ATTORNEY

14. SIGNATURE OF COUNTY CLERK

15. SIGNATURE OF TOWNSHIP CLERK

16. SIGNATURE OF VOTING CLERK

17. SIGNATURE OF SCHOOL CLERK

18. SIGNATURE OF CHURCH CLERK

19. SIGNATURE OF POST OFFICE CLERK

20. SIGNATURE OF TOWN CLERK

21. SIGNATURE OF VILLAGE CLERK

22. SIGNATURE OF CITY CLERK

23. SIGNATURE OF COUNTY CLERK

24. SIGNATURE OF DISTRICT CLERK

25. SIGNATURE OF JUDGE

26. SIGNATURE OF SHERIFF

27. SIGNATURE OF DISTRICT ATTORNEY

28. SIGNATURE OF COUNTY CLERK

29. SIGNATURE OF TOWNSHIP CLERK

30. SIGNATURE OF VOTING CLERK

31. SIGNATURE OF SCHOOL CLERK

32. SIGNATURE OF CHURCH CLERK

33. SIGNATURE OF POST OFFICE CLERK

34. SIGNATURE OF TOWN CLERK

35. SIGNATURE OF VILLAGE CLERK

36. SIGNATURE OF CITY CLERK

37. SIGNATURE OF COUNTY CLERK

38. SIGNATURE OF DISTRICT CLERK

39. SIGNATURE OF JUDGE

40. SIGNATURE OF SHERIFF

41. SIGNATURE OF DISTRICT ATTORNEY

42. SIGNATURE OF COUNTY CLERK

BUREAU V. 2

JUN 11 1956

RECEIVED

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06570

6589

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Talbot</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton, Rt. 1</u>		c. LENGTH OF STAY IN b. <u>Life</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural, Easton</u>	
		d. STREET ADDRESS	
		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>IRENE</u> Middle <u>F. MAC</u> Last <u>Daniel</u>		4. DATE OF DEATH Month <u>June</u> Day <u>20</u> Year <u>1956</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1/7/1901</u>
9. AGE (In years last birthday) <u>55</u> yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Daniel Floyd</u>		14. MOTHER'S MAIDEN NAME <u>Mary E. Viney</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u> </u>	
17. INFORMANT <u>General Wilson</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial INFARCTION</u> <u>420.0</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u> </u> INTERVAL BETWEEN ONSET AND DEATH <u>2-3 yrs.</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>June 1, 1956</u> , to <u>June 14, 1956</u> , that I last saw the deceased alive on <u>June 14, 1956</u> , and that death occurred at <u>1:45 P.M.</u> from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>Shyanthecan Jr.</u> M.D.		ADDRESS (Street, city or town, state) <u>Easton Maryland</u>	
PHYSICIAN'S NAME (Type) <u> </u>		DATE SIGNED <u>6/22/56</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>6/23/56</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>St Stevens Cem</u>		22d. LOCATION (City, town, or county) (State) <u>Easton Rt. 2, M.D.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>James B. Darby</u>		24a. REC'D BY REGISTRAR <u> </u>	
ADDRESS <u>Easton, Md</u>		24b. REGISTRAR'S SIGNATURE <u>Mrs. N. L. Newby</u>	

BUREAU V. S.

JUN 28 1956

RECEIVED

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18																			
MEDICAL EXAMINER'S CERTIFICATE OF DEATH																			
Item 20 Film G200 7-13-56																			
6590																			
Reg. Dist. No. 06571 291																			
1. PLACE OF DEATH a. COUNTY TALBOT MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE MARYLAND b. COUNTY TALBOT														
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ST. MICHAELS					c. LENGTH OF STAY IN 1b 10 yrs					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ST. MICHAELS									
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) —					d. STREET ADDRESS —					e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First FRANK Middle A. Last QUINTARD					4. DATE OF DEATH Month JUNE Day 25 Year 1956														
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH MARCH 22, 1900		9. AGE (In years last birthday) 56 yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED DENTIST					10b. KIND OF BUSINESS OR INDUSTRY —					11. BIRTHPLACE (State or foreign country) BRIDGEPORT, CONN.					12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME HARRY CAMPBELL					14. MOTHER'S MAIDEN NAME ADA AVERILL														
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) —					16. SOCIAL SECURITY NO. —					17. INFORMANT Address MRS. SARAH A. QUINTARD, ST. MICHAELS									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental Drowning DUE TO 929.8 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) — DUE TO (c) —										INTERVAL BETWEEN ONSET AND DEATH —									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>									
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.					20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) Shell struck head in falling, drowned														
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19					20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>					20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Dock HOME					20f. (City or town) (County) (State) St Michaels Tal. Md				
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .																			
ACTUAL SIGNATURE Louis S. Welty					M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>					DATE SIGNED 6-25-56									
EXAMINER'S NAME (Type) Louis S. Welty					ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>					DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>									
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL					22b. DATE THEREOF JUNE 28, 1956					22c. NAME OF CEMETERY OR CREMATORY OLD GREENWICH					22d. LOCATION (City, town, or county) (State) STAMFORD, CONN.				
23. FUNERAL DIRECTOR'S SIGNATURE A. Hamilton Harrison, St. Michaels Md										24a. REC'D BY REGISTRAR DATE June 26, 56					24b. REGISTRAR'S SIGNATURE Mrs Robert E. Selk				

STATE DEPARTMENT OF HEALTH - BUREAU OF MEDICAL EXAMINERS' CERTIFICATE OF DEATH

BUREAU V. 3

JUN 28 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06572

6581 **CERTIFICATE OF DEATH**Reg. Dist. No. 290

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Talbot</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Talbot</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Easton</u>		LENGTH OF STAY (in this place) <u>45 yrs.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Easton,</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>9 Biery Street</u>				STREET ADDRESS (If rural give location) <u>9 Biery Street</u>			
3. NAME OF DECEASED (Type or Print) <u>Christina</u> (First) <u>--</u> (Middle) <u>Roberts</u> (Last)				4. DATE OF DEATH (Month) (Day) (Year) <u>June 18,</u> <u>19 56</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 22, 1866</u>	9. AGE last birthday <u>89</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Bernard Seidler</u>				14. MOTHER'S MAIDEN NAME <u>Mary Warren</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS <u>Miss Ethel C. Roberts, Easton, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
157X IMMEDIATE CAUSE (A) <u>Carcinoma Head of Pancreas</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
ANTECEDENT CAUSE(S) DUE TO (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Senility</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>19 35</u> , to <u>6/18/19 56</u> , that I last saw the deceased alive on <u>6/15/19 56</u> , and that death occurred at <u>7 a</u> M., from the causes and on the date stated above. SIGNATURE <u>J. B. Cox</u> ADDRESS (Street, city, town, state) <u>Easton, Md.</u> DATE SIGNED <u>7/19/56</u> M.D.							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jun. 21 '56</u>		NAME OF CEMETERY OR CREMATORY <u>Druid Ridge Cemetery</u>		LOCATION (City, town, or county) (State) <u>Baltimore, Maryland</u>	
24. REC'D BY REGISTRAR <u>JUN 25 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs. N. A. Neving</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Hampton Gault</u>		ADDRESS <u>Easton, Md.</u>	

CERTIFICATE OF DEATH

1. Name of deceased: *John Doe*

2. Date of death: *June 25, 1956*

3. Place of death: *Home*

4. Cause of death: *Heart Disease*

5. Age at death: *65*

6. Sex: *Male*

7. Race: *White*

8. Marital status: *Married*

9. Occupation: *Teacher*

10. Signature of physician: *Dr. J. A. Smith*

11. Signature of registrar: *John Doe*

12. Date of registration: *June 25, 1956*

13. Place of registration: *Baltimore*

14. Name of registrar: *John Doe*

15. Signature of registrar: *John Doe*

16. Date of registration: *June 25, 1956*

17. Place of registration: *Baltimore*

18. Name of registrar: *John Doe*

19. Signature of registrar: *John Doe*

20. Date of registration: *June 25, 1956*

21. Place of registration: *Baltimore*

22. Name of registrar: *John Doe*

23. Signature of registrar: *John Doe*

24. Date of registration: *June 25, 1956*

25. Place of registration: *Baltimore*

26. Name of registrar: *John Doe*

27. Signature of registrar: *John Doe*

28. Date of registration: *June 25, 1956*

29. Place of registration: *Baltimore*

30. Name of registrar: *John Doe*

BUREAU V. S.

JUN 25 1956

RECEIVED

John Doe

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18 6582
CERTIFICATE OF DEATH 06573

Reg. Dist. No. 290

1. PLACE OF DEATH a. COUNTY <u>Talbot</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Caroline</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>				c. LENGTH OF STAY IN 1b <u>5 hrs-20 min</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Memorial Hospital</u>				d. STREET ADDRESS <u>Denton</u> 056-2			
3. NAME OF DECEASED (Type or print) First <u>Baby</u> Middle <u>Girl</u> Last <u>Russell</u>				4. DATE OF DEATH Month <u>June</u> Day <u>23</u> Year <u>1956</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 22 1956</u>	
				9. AGE (In years last birthday) yrs. <u>5</u> Months <u>3</u> Days <u>22</u> Min.		IF UNDER 1 YEAR IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY			
				11. BIRTHPLACE (State or foreign country) <u>Maryland</u>			
13. FATHER'S NAME <u>Alfred Norbert Russell</u>				14. MOTHER'S MAIDEN NAME <u>Mybelle Shores</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO.		17. INFORMANT Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Prematurity</u> 762.5 DUE TO <u>Alcoholism</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u></u> DUE TO <u></u> (c) <u></u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u></u>							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19				20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
				20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from <u>1956</u> to <u>1956</u> , that I last saw the deceased alive on <u>June 22</u> , 19 <u>56</u> , and that death occurred at <u>3:20 P.M.</u> from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>E. C. H. Schmidt</u>				ADDRESS (Street, city or town, state) <u>2195 Washington Street</u> DATE SIGNED <u>26 June 56</u>			
PHYSICIAN'S NAME (Type) <u>E. C. H. Schmidt</u>				M.D. <u>Easton, Maryland</u>			
22a. BURIAL, CREMATION, or other disposition (Specify)		22b. DATE THEREOF		22c. NAME OF CEMETERY OR CREMATORY		22d. LOCATION (City, town, or county) (State)	
<u>Buried</u>		<u>June 24</u>		<u>Denton</u>		<u>Denton</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Moore & Son</u> ADDRESS				24a. REC'D BY REGISTRAR DATE <u>6/24/56</u>		24b. REGISTRAR'S SIGNATURE <u>N. H. Harris</u>	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

8273

1. NAME OF DECEASED <i>JOHN J. SMITH</i>		2. SEX <i>MALE</i>		3. RACE <i>WHITE</i>	
4. DATE OF BIRTH <i>1915</i>		5. PLACE OF BIRTH <i>NEW YORK</i>		6. PLACE OF DEATH <i>NEW YORK</i>	
7. DATE OF DEATH <i>1956</i>		8. TIME OF DEATH <i>10:00 AM</i>		9. CAUSE OF DEATH <i>HEART DISEASE</i>	
10. MANNER OF DEATH <i>NATURAL</i>		11. PLACE OF INTERMENT <i>CATHOLIC CHURCH</i>		12. SIGNATURE OF REGISTRAR <i>[Signature]</i>	
13. SIGNATURE OF DECEASED <i>[Signature]</i>		14. SIGNATURE OF NEXT OF KIN <i>[Signature]</i>		15. SIGNATURE OF PHYSICIAN <i>[Signature]</i>	
16. SIGNATURE OF CLERGYPERSON <i>[Signature]</i>		17. SIGNATURE OF CORONER <i>[Signature]</i>		18. SIGNATURE OF JURY <i>[Signature]</i>	
19. SIGNATURE OF WITNESS <i>[Signature]</i>		20. SIGNATURE OF WITNESS <i>[Signature]</i>		21. SIGNATURE OF WITNESS <i>[Signature]</i>	
22. SIGNATURE OF WITNESS <i>[Signature]</i>		23. SIGNATURE OF WITNESS <i>[Signature]</i>		24. SIGNATURE OF WITNESS <i>[Signature]</i>	
25. SIGNATURE OF WITNESS <i>[Signature]</i>		26. SIGNATURE OF WITNESS <i>[Signature]</i>		27. SIGNATURE OF WITNESS <i>[Signature]</i>	
28. SIGNATURE OF WITNESS <i>[Signature]</i>		29. SIGNATURE OF WITNESS <i>[Signature]</i>		30. SIGNATURE OF WITNESS <i>[Signature]</i>	
31. SIGNATURE OF WITNESS <i>[Signature]</i>		32. SIGNATURE OF WITNESS <i>[Signature]</i>		33. SIGNATURE OF WITNESS <i>[Signature]</i>	
34. SIGNATURE OF WITNESS <i>[Signature]</i>		35. SIGNATURE OF WITNESS <i>[Signature]</i>		36. SIGNATURE OF WITNESS <i>[Signature]</i>	
37. SIGNATURE OF WITNESS <i>[Signature]</i>		38. SIGNATURE OF WITNESS <i>[Signature]</i>		39. SIGNATURE OF WITNESS <i>[Signature]</i>	
40. SIGNATURE OF WITNESS <i>[Signature]</i>		41. SIGNATURE OF WITNESS <i>[Signature]</i>		42. SIGNATURE OF WITNESS <i>[Signature]</i>	
43. SIGNATURE OF WITNESS <i>[Signature]</i>		44. SIGNATURE OF WITNESS <i>[Signature]</i>		45. SIGNATURE OF WITNESS <i>[Signature]</i>	
46. SIGNATURE OF WITNESS <i>[Signature]</i>		47. SIGNATURE OF WITNESS <i>[Signature]</i>		48. SIGNATURE OF WITNESS <i>[Signature]</i>	
49. SIGNATURE OF WITNESS <i>[Signature]</i>		50. SIGNATURE OF WITNESS <i>[Signature]</i>		51. SIGNATURE OF WITNESS <i>[Signature]</i>	
52. SIGNATURE OF WITNESS <i>[Signature]</i>		53. SIGNATURE OF WITNESS <i>[Signature]</i>		54. SIGNATURE OF WITNESS <i>[Signature]</i>	
55. SIGNATURE OF WITNESS <i>[Signature]</i>		56. SIGNATURE OF WITNESS <i>[Signature]</i>		57. SIGNATURE OF WITNESS <i>[Signature]</i>	
58. SIGNATURE OF WITNESS <i>[Signature]</i>		59. SIGNATURE OF WITNESS <i>[Signature]</i>		60. SIGNATURE OF WITNESS <i>[Signature]</i>	
61. SIGNATURE OF WITNESS <i>[Signature]</i>		62. SIGNATURE OF WITNESS <i>[Signature]</i>		63. SIGNATURE OF WITNESS <i>[Signature]</i>	
64. SIGNATURE OF WITNESS <i>[Signature]</i>		65. SIGNATURE OF WITNESS <i>[Signature]</i>		66. SIGNATURE OF WITNESS <i>[Signature]</i>	
67. SIGNATURE OF WITNESS <i>[Signature]</i>		68. SIGNATURE OF WITNESS <i>[Signature]</i>		69. SIGNATURE OF WITNESS <i>[Signature]</i>	
70. SIGNATURE OF WITNESS <i>[Signature]</i>		71. SIGNATURE OF WITNESS <i>[Signature]</i>		72. SIGNATURE OF WITNESS <i>[Signature]</i>	
73. SIGNATURE OF WITNESS <i>[Signature]</i>		74. SIGNATURE OF WITNESS <i>[Signature]</i>		75. SIGNATURE OF WITNESS <i>[Signature]</i>	
76. SIGNATURE OF WITNESS <i>[Signature]</i>		77. SIGNATURE OF WITNESS <i>[Signature]</i>		78. SIGNATURE OF WITNESS <i>[Signature]</i>	
79. SIGNATURE OF WITNESS <i>[Signature]</i>		80. SIGNATURE OF WITNESS <i>[Signature]</i>		81. SIGNATURE OF WITNESS <i>[Signature]</i>	
82. SIGNATURE OF WITNESS <i>[Signature]</i>		83. SIGNATURE OF WITNESS <i>[Signature]</i>		84. SIGNATURE OF WITNESS <i>[Signature]</i>	
85. SIGNATURE OF WITNESS <i>[Signature]</i>		86. SIGNATURE OF WITNESS <i>[Signature]</i>		87. SIGNATURE OF WITNESS <i>[Signature]</i>	
88. SIGNATURE OF WITNESS <i>[Signature]</i>		89. SIGNATURE OF WITNESS <i>[Signature]</i>		90. SIGNATURE OF WITNESS <i>[Signature]</i>	
91. SIGNATURE OF WITNESS <i>[Signature]</i>		92. SIGNATURE OF WITNESS <i>[Signature]</i>		93. SIGNATURE OF WITNESS <i>[Signature]</i>	
94. SIGNATURE OF WITNESS <i>[Signature]</i>		95. SIGNATURE OF WITNESS <i>[Signature]</i>		96. SIGNATURE OF WITNESS <i>[Signature]</i>	
97. SIGNATURE OF WITNESS <i>[Signature]</i>		98. SIGNATURE OF WITNESS <i>[Signature]</i>		99. SIGNATURE OF WITNESS <i>[Signature]</i>	
100. SIGNATURE OF WITNESS <i>[Signature]</i>		101. SIGNATURE OF WITNESS <i>[Signature]</i>		102. SIGNATURE OF WITNESS <i>[Signature]</i>	

BUREAU V. S.

JUN 29 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. **290**

66574

6591

1. PLACE OF DEATH a. COUNTY TALBOT MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE MARYLAND b. COUNTY TALBOT					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON RD "IVYTOWN"			c. LENGTH OF STAY IN 1b 		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON RD				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First WILLIAM Middle HENRY Last SLAUGHTER				4. DATE OF DEATH Month JUNE Day 16 Year 1956					
5. SEX male		6. COLOR OR RACE negro		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 5, 1926			
9. AGE (In years last birthday) 30 yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer			10b. KIND OF BUSINESS OR INDUSTRY lumber		11. BIRTHPLACE (State or foreign country) New Jersey		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John Slaughter				14. MOTHER'S MAIDEN NAME Mattie Lee Thomas					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 		17. INFORMANT Wm T. Slaughter		Address Easton RD4 Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia- house burned down with him in bed DUE TO body partially consumed Conditions, if any, which gave rise to immediate cause (b) _____ (c), stating the underlying cause last. DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____									
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) see #18						
20c. TIME OF INJURY Month, Day, Year Hour a. m. 6-16-56 p. m. 19			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home		20f. (City or town) Easton RD Talbot Md		
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/>, Inspection <input checked="" type="checkbox"/>, Inquiry <input type="checkbox"/>, and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .									
ACTUAL SIGNATURE <i>Louis S. Welty</i>				M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>				DATE SIGNED 6-18-56	
EXAMINER'S NAME (Type) Louis S. Welty									
22a. BURIAL, CREMATION, REMOVAL (Specify) burial		22b. DATE THEREOF 6-19-56		22c. NAME OF CEMETERY OR CREMATORY Ivytown Cem.		22d. LOCATION (City, town, or county) Easton RD4 Md			
23. FUNERAL DIRECTOR'S SIGNATURE Easton Md.				24a. REC'D BY REGISTRAR DATE 6-21-56		24b. REGISTRAR'S SIGNATURE <i>Mrs. H. H. Harris</i>			

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial; cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. NAME OF DECEASED: [illegible]
2. SEX: [illegible]
3. AGE: [illegible]
4. OCCUPATION: [illegible]
5. PLACE OF BIRTH: [illegible]
6. DATE OF BIRTH: [illegible]
7. DATE OF DEATH: [illegible]
8. TIME OF DEATH: [illegible]
9. PLACE OF DEATH: [illegible]
10. CAUSE OF DEATH: [illegible]
11. MANNER OF DEATH: [illegible]
12. SIGNATURE OF EXAMINER: [illegible]
13. SIGNATURE OF WITNESS: [illegible]
14. SIGNATURE OF CORONER: [illegible]

BUREAU A. S.

JUN 21 1956

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6583

CERTIFICATE OF DEATH

06575

Reg. Dist. No. 290

1. PLACE OF DEATH a. COUNTY <i>Talbot</i> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Talbot</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>40 Easton</i>		c. LENGTH OF STAY IN 1b <i>3 days</i>	
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Easton</i>		d. STREET ADDRESS <i>210 Goldsborough St.</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>80 Memorial Hospital</i>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Mrs Alice B Smith</i>		4. DATE OF DEATH Month Day Year <i>June 21 1956</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>September 14 1923</i>
9. AGE (In years last birthday) <i>30</i> yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		12. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>George W Taylor</i>		14. MOTHER'S MAIDEN NAME <i>Lorena Tregoe</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs Elmer C Smith</i> <i>Hospital Records</i>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Uremia</i> 442X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Hep. cordosis</i> DUE TO (c) <i>H.C.U.D.</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I <i>Neurologic</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>Jan</i> , 19 <i>55</i> , to <i>June 21</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>June 21</i> , 19 <i>56</i> , and that death occurred at <i>8:30</i> P. M. from the causes and on the date stated above.			
ACTUAL SIGNATURE <i>M. F. Buell</i>		DATE SIGNED <i>June 21 1956</i>	
PHYSICIAN'S NAME (Type) <i>M. F. Buell MD</i>		ADDRESS (Street, city or town, state) <i>210 Goldsborough St. Easton Maryland</i>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial 6/23/56</i>		22b. DATE THEREOF	
22c. NAME OF CEMETERY OR CREMATORY <i>Winchester Memorial Cemetery Md.</i>		22d. LOCATION (City, town, or county) (State)	
23. FUNERAL DIRECTOR'S SIGNATURE <i>La Compagnie</i>		ADDRESS	
24a. REC'D BY REGISTRAR <i>6/23/56</i>		24b. REGISTRAR'S SIGNATURE <i>M. H. Neenan</i>	

1

INSTRUCTIONS

TO ATTEND PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A155 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Item 9, Film G199 6-21-56 et

66576

6584

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Talbot		MARYLAND		STATE Md.		COUNTY Talbot	
CITY (If outside corporate limits, write RURAL OR end give nearest town) Easton		LENGTH OF STAY (in this place) life time		CITY (If outside corporate limits, write RURAL end give nearest town) Easton,			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		56	
(First) Mary		(Middle) Alice		(Last) Smith		June 10 19	
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow	8. DATE OF BIRTH Aug. 9, 1874	9. AGE last birthday 82 81 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Connecticut		12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME David Speedie				14. MOTHER'S MAIDEN NAME Margaret McCormick			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT & ADDRESS Mrs. Everett Russ - Easton, Md.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
422.1 IMMEDIATE CAUSE (A) Chronic Hypertension							
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO							
STATING UNDERLYING CAUSE LAST. (C) Gen. Act. S. 1000							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-1 , 19 56 , to 6-10 , 19 56 , that I last saw the deceased alive on 6-9 , 19 56 , and that death occurred at 10 M, from the causes and on the date stated above.							
SIGNATURE [Signature]		DATE THEREOF 6-11-56		NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery		LOCATION (City, town, or county) (State) Easton, Talbot Maryland.	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial		24. REC'D BY REGISTRAR [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Maurice E. Newnam & Son		ADDRESS Easton, Md.	

CERTIFICATE OF DEATH

REG. DIST. NO. 10

NAME OF DECEASED
J. Edgar Hoover

DATE OF DEATH
Feb. 2, 1934

PLACE OF DEATH
Washington, D.C.

SEX
Male

AGE
54

TIME OF DEATH
10:15 A.M.

CAUSE OF DEATH
Myocardial Infarction

PLACE OF BIRTH
Alton, Ill.

DATE OF BIRTH
Jan. 19, 1880

SEX
Male

AGE
54

TIME OF BIRTH
10:15 A.M.

CAUSE OF BIRTH
Myocardial Infarction

PLACE OF BIRTH
Alton, Ill.

DATE OF BIRTH
Jan. 19, 1880

SEX
Male

AGE
54

TIME OF BIRTH
10:15 A.M.

CAUSE OF BIRTH
Myocardial Infarction

PLACE OF BIRTH
Alton, Ill.

DATE OF BIRTH
Jan. 19, 1880

SEX
Male

AGE
54

TIME OF BIRTH
10:15 A.M.

CAUSE OF BIRTH
Myocardial Infarction

PLACE OF BIRTH
Alton, Ill.

DATE OF BIRTH
Jan. 19, 1880

SEX
Male

AGE
54

TIME OF BIRTH
10:15 A.M.

CAUSE OF BIRTH
Myocardial Infarction

PLACE OF BIRTH
Alton, Ill.

DATE OF BIRTH
Jan. 19, 1880

SEX
Male

AGE
54

TIME OF BIRTH
10:15 A.M.

CAUSE OF BIRTH
Myocardial Infarction

PLACE OF BIRTH
Alton, Ill.

DATE OF BIRTH
Jan. 19, 1880

SEX
Male

AGE
54

TIME OF BIRTH
10:15 A.M.

CAUSE OF BIRTH
Myocardial Infarction

PLACE OF BIRTH
Alton, Ill.

DATE OF BIRTH
Jan. 19, 1880

SEX
Male

AGE
54

TIME OF BIRTH
10:15 A.M.

CAUSE OF BIRTH
Myocardial Infarction

PLACE OF BIRTH
Alton, Ill.

DATE OF BIRTH
Jan. 19, 1880

SEX
Male

AGE
54

TIME OF BIRTH
10:15 A.M.

CAUSE OF BIRTH
Myocardial Infarction

PLACE OF BIRTH
Alton, Ill.

DATE OF BIRTH
Jan. 19, 1880

SEX
Male

AGE
54

TIME OF BIRTH
10:15 A.M.

CAUSE OF BIRTH
Myocardial Infarction

PLACE OF BIRTH
Alton, Ill.

DATE OF BIRTH
Jan. 19, 1880

SEX
Male

AGE
54

TIME OF BIRTH
10:15 A.M.

CAUSE OF BIRTH
Myocardial Infarction

BUREAU V. S.

JUN 19 1936

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Item 9, Film 199 6-28-56 et

CERTIFICATE OF DEATH

06578

Reg. Dist. No. 290

6592

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>TALBOT</u>		MARYLAND		STATE <u>Md.</u>		COUNTY <u>TALBOT</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Oxford</u>		<u>Lifetime</u>		TOWN <u>Oxford</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) <u>CHARLES</u> (Middle) <u>EDWARD</u> (Last) <u>STEWART</u>				OF <u>JUNE</u> <u>6</u> 19 <u>56</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>M</u>	<u>W</u>	<u>MARRIED</u>	<u>JUNE 18, 1889</u>	<u>76</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
<u>WATERMAN</u>					<u>MARYLAND</u>		<u>U.S.</u>
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>CHARLES EDWARD STEWART</u>				<u>ALEXINE SPARKLIN</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>NO</u>		<u>217-01-0104</u>		<u>MRS. FAZEL STOWELL</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
1. IMMEDIATE CAUSE (A)						INTERVAL BETWEEN ONSET AND DEATH	
<u>416X MYOCARDIAL INFARCTION</u>						<u>1 HR.</u>	
2. ANTECEDENT CAUSE(S) (B)							
<u>DUE TO CORONARY OCCLUSION</u>							
3. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (C)							
<u>STATING UNDERLYING CAUSE LAST, DUE TO RHEUMATIC HEART DISEASE</u>						<u>Years.</u>	
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?	
				White <input type="checkbox"/> Not white <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>JUNE 1</u>, 19 <u>53</u>, to <u>JUNE 6</u>, 19 <u>56</u>, that I last saw the deceased alive on <u>JUNE 6</u>, 19 <u>56</u>, and that death occurred at <u>6:30</u> M, from the causes and on the date stated above.							
SIGNATURE				DATE SIGNED			
<u>Donald A. Bentley</u>				<u>6-6-56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)				DATE THEREOF		NAME OF CEMETERY OR CREMATORY	
<u>Burial</u>				<u>6-8-56</u>		<u>Clifford Cemetery</u>	
24. REC'D BY REGISTRAR				25. FUNERAL DIRECTOR'S SIGNATURE		LOCATION (City, town, or county) (State)	
<u>DATE 6-8-56</u>				<u>N. A. Neureus</u>		<u>Clifford Talbot Md.</u>	

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